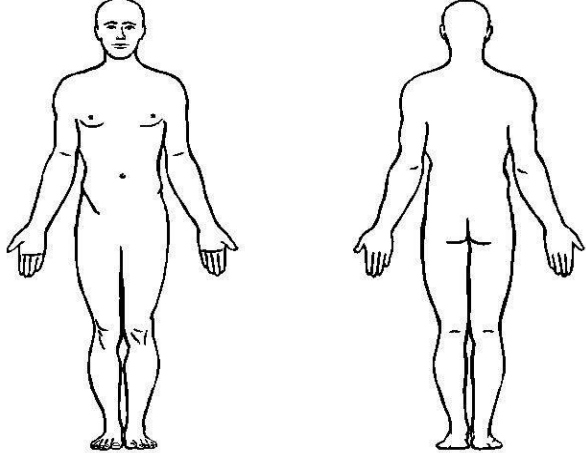


First Dressing for Skin Tears Scheme Application Record

Date:	Resident name:	Date of birth:
Allergies if known:		
Skin Tear Type (please tick):		
Type 1 (no skin loss) <input type="checkbox"/>	Type 2 (Partial Flap Loss) <input type="checkbox"/>	Type 3 (Total Flap Loss) <input type="checkbox"/>
Picture of wound (if appropriate) including the measurement and direction of the flap:		Wound area e.g. left shin, right forearm (use body map if necessary):
Dressing Applied:		
DN Team contacted (how – fax/phone):		
DN due (date):		
Additional telephone advice given by DN:		
Follow up:		