

Patient Name:	
NHS Number:	

Section 2(b) – To be completed by TVN

<p>B</p> <p>Background</p>	<p><i>Things to consider:</i> <i>Medical history, medication, allergies, bloods etc.</i> <i>Referrals/involvement from other services.</i></p>
<p>A</p> <p>Assessments</p>	<p><i>Things to consider:</i> <i>LLA & Doppler, SSKIN, TIMES</i></p>
<p>R</p> <p>Recommendations</p>	<p><i>Tissue Viability Recommendations following discussion:</i> <i>(Aetiology & diagnosis with summary of management plan)</i></p>

Signature of TVN