FLOYD PRIMARY CARE
Nurse Practitioner Functions Requested
Wound Clinic

_____ _____
Applicant Name Supervising Physician

_____ _____
Title Department

Please check patient care functions requested and note the degree of supervision, ***direct*** or ***indirect,*** by each.

Patient Care Functions	**Direct**	**Indirect**	**Approved**
Initial and ongoing assessment of patients' medical, physical and psychosocial status			
Obtain a relevant health and medical history			
Perform a physical examination based on age and history			
Conduct preventive screening procedures based on age and history			
Identify medical and health risks and needs			
Update and record changes in health status			
Formulate the appropriate differential diagnosis based on history, physical examination and clinical findings			
Identify the needs of the individual, family or community as a result of the evaluation of the collected data			
Order appropriate diagnostic tests			
Identify non-pharmacological interventions			
Prescribe non-pharmacological therapies			
Develop a client education plan			
Conduct & interpret diagnostic tests			
Make appropriate referrals to other health professionals and community agencies			
Determine the effectiveness of the plan and care through documentation of client care outcomes			
Reassess and modify the plan as necessary to achieve medical and health goals			
Participate in quality assurance on periodic basis			
Perform procedures for wound, ostomy & continence clients as deemed necessary			

Date: _____ Signature of Applicant_____

_____ _____
Printed Name of Supervising Physician Signature of Supervising Physician

_____
Applicant

APPROVED FPC:

_____ _____
FPC Date

BOARD APPROVAL: _____ *YES* _____ *NO* _____
Date