

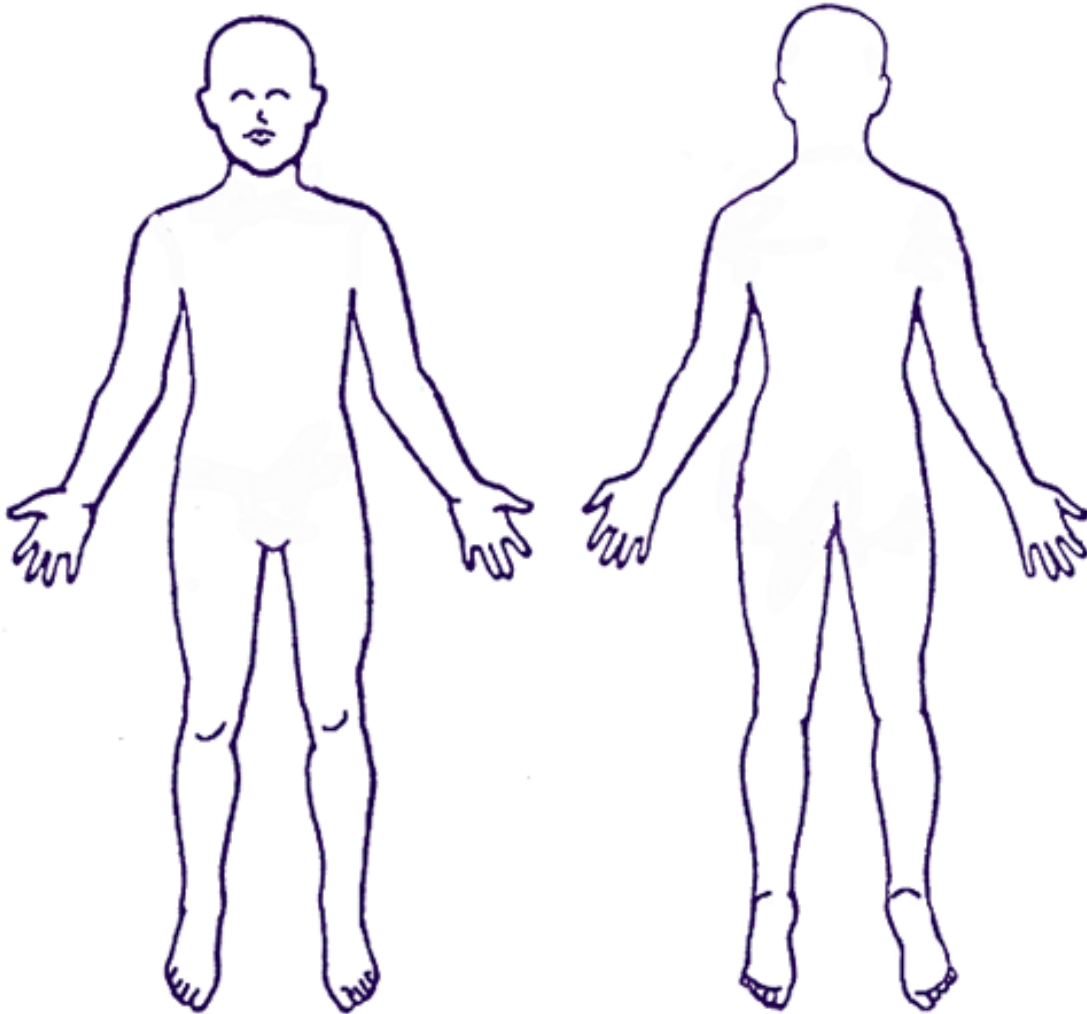
Consumer Name: \_\_\_\_\_

Date: \_\_\_\_\_

Nursing Agency: \_\_\_\_\_

Fax: \_\_\_\_\_

Please examine the Consumer's skin thoroughly and note any concerns (i.e. skin breakdown, abnormal growth, etc.) at the corresponding point on the diagram below. Send the completed skin check to your Consumer Direct support coordinator by mail or fax.



No skin issues

Print ACW Name: \_\_\_\_\_

ACW Signature: \_\_\_\_\_

Support Coordinator: Fax this form to the above