NURSING HOME PROGRESS NOTE

Date:  □ Initial Visit □ Acute Care □ Recertification □ Annual Exam

ADDRESSOGRAPH

ROS: Constitutional □ neg □
Eyes □ neg □
ENT, Mouth □ neg □
Respiratory □ neg □
Cardiovascular □ neg □
G I □ neg □
GU □ neg □
Neuro □ neg □
MS □ neg □
Psych □ neg □
Other □

MEDICATIONS: □ Reviewed
Recent Changes ______________

PHYSICAL EXAM / CLINICAL DATA

T _______ P _______ BP _______/_______ Wt: _______

□ GT □ Urinary Catheter □ Trach □ O2

FUNCTIONAL STATUS

Basic ADLs
Transfers □ □ □
Feeding □ □ □
Bathing □ □ □
Dressing □ □ □
Grooming □ □ □

Nonambulatory □ With Cane □ Unassisted □
With Assistance □ With walker □
Continence □ Continent □ Incontinent □
Urine □ □
Bowel □ □

Continence

Ambulation

HISTORY:

Advance Directives □ Yes □ No
HPI: CC: Recent problems

Problem List: □ Reviewed □ Updated

HISTORY:

History obtained from: □ Patient □ Family
□ Nursing Staff □ Chart □ Therapy Staff

PMHx:

Social/Family Hx

Continues to need nursing facility care for

NP/Resident’s Signature __________________________ Date ________

□ I saw and examined the patient. I agree with/revise ________________________ ’s history, exam and assessment and plan ________________________

Attending Signature __________________________ Date ________

001002 PILOT (1/01) To reorder call 924-5681

Copy 1: OFFICE CHART  Copy 2: NURSING HOME