

Acute Visit     Regulatory Visit     Skilled

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

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Facility: \_\_\_\_\_

ADV DIR: DNR Full Cor Comfort DNH Hospice \_\_\_\_\_

CC/Reason for visit: \_\_\_\_\_

Pneumo Vax: \_\_\_\_\_  
YEAR

Flu Vax: \_\_\_\_\_  
YEAR

Diagnoses/Status:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Social History: \_\_\_\_\_

ROS:  Unable b/o dementia/language

Reviewed:  Meds;  Nsg Notes;  Interdisc Notes;

Allergies: \_\_\_\_\_

M/S: arthralgia back pain swelling stiffness myalgias limb pn

Const: fatigue falls fever chills lightheaded wt loss

Skn/Brst: sores discoloration pruritus pain lumps discharge

Eyes: blur dim blindness cataract glaucoma glasses

Neuro: paralysis HA slurred speech tremor parasthes neuralgias

H/ENT: dryness sores dysphagia hearing loss wax congest

Psych: depress anxiety memory loss agitation insomnia

Resp: dyspnea wheeze cough sputum

Endo: heat/cold intolerance polyuria polydipsia

CV: CP orthopnea edema palpitations claudication

Hemo: easy bruisability bleeding

GI: anorexia pain n/v diarrhea constip melena heartburn

ADLs: Needs help: trans toilet eat walk drsg bth

GU: dysuria urge freq hesitancy hematuria incont cath

Amb: Independent w/cane w/walker w/assist w/c not at all

CON:  Resting Comfortably \_\_\_\_\_  Vital Signs (3) \_\_\_\_\_

EYES:  PERRLA, EOMI  NI Lids/Conjunctiva

NECK:  Supple, No Masses, Sym  No Thyromegaly

H/ENT:  NC/AT  NI Hearing  NI Ext Ears/Nose  Ext Aud Cnl clr, NI TM's  NI Lip/Tongue/Gums  NI Pharynx

RESP:  NI Effort  Lungs Clr to A  NI Palp  NI Perc

CV:  NI Palp  NI S1, S2, No M,G,R  No Carotid Bruits:  No AAA  NI DP/PT  No Edema

BREASTS:  NI Appearance  No Masses/NT

GI:  Soft, NI BS, NT/ND, No Mass  No HSM  No Herniation  NI An/Peri/Rect  Neg FOBT

GU-F:  NI Ext Genitalia      GU-M:  NI Penis  NI Scrotum  NI Prostate

LYMPH (≥ 2 areas):  No Lymphadenopathy  NI Cervical  NI Axillary  NI Groin

M/S:  NI Gait \_\_\_\_\_  NI Digits/Nails

Area(s) examined: \_\_\_\_\_

NI Inspection \_\_\_\_\_  NI Stability \_\_\_\_\_

NI ROM \_\_\_\_\_  NI Strength & Tone \_\_\_\_\_

SKIN:  NI Inspection  NI Palp

NEURO:  NI CN  NI DTR's  NI Sensation

PSYCH:  NI Memory  O x 3  NI Mood/Affect  NI Judgment & Insight

Lab/X-ray:

**ASSESSMENT AND PLAN:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPOKE WITH FAMILY     MESSAGE WITH FAMILY     MD spoke w/ PA or w/NP, agrees w/ plan

Time Spent \_\_\_\_\_ Total # Minutes     > = 50% of total time spent C&C     Time spent FF \_\_\_\_\_ Total # Minutes

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

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