



NURSING HOME PROGRESS NOTE

PATIENT NAME

MR#

Date: [] Initial Visit [] Acute Care [] Recertification [] Annual Exam ADDRESSOGRAPH

Advance Directives [] Yes [] No
Allergies
Problem List: [] Reviewed [] Updated
HISTORY:
History obtained from: [] Patient [] Family
[] Nursing Staff [] Chart [] Therapy Staff
PMHx:
Social/Family Hx

FUNCTIONAL STATUS
Basic ADLs Indep. Needs Asst. Dep.
Transfers [] [] [] []
Feeding [] [] [] []
Bathing [] [] [] []
Dressing [] [] [] []
Grooming [] [] [] []
Ambulation
[] Nonambulatory [] With Cane [] Unassisted
[] With Assistance [] With walker
Continent Incontinent
Urine [] []
Bowel [] []

ROS: Constitutional [] neg
Eyes [] neg
ENT, Mouth [] neg
Respiratory [] neg
Cardiovascular [] neg
GI [] 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
Other

GENERAL APPEARANCE
HEENT [] EOM Intact [] Eyes Clear [] No erythema, exudate or leison [] TM intact [] Good dentition Other
NECK [] Neck symmetrical, no masses, trachea midline [] Thyroid not enlarged, non-tender Other
CARDIOVASCULAR [] RRR [] Normal S1 & S2 [] S3 [] S4 [] No murmur
RESPIRATORY [] Bilaterally clear to auscultation
GI [] Soft, non-tender [] Bowel sounds present [] No Mass [] No Organomegaly
EXTREMITIES [] No cyanosis, clubbing or edema
NEURO [] A&O X 3 [] CN Intact [] Motor 5/5 [] Sensations Intact [] Reflexes normal/symmetric Gait
SKIN
OTHER
LAB

[] Total Care Plan/Pharmacy/Medication Orders Reviewed [] Labs Reviewed [] Radiology Reviewed

ASSESSMENT & PLAN

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

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