NURSING HOME PROGRESS NOTE

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 _____

HPI: CC: Recent problems _____

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 _____

FUNCTIONAL STATUS

Basic ADLs	Indep.	Needs Asst.	Dep.
Transfers	☐	☐	☐
Feeding	☐	☐	☐
Bathing	☐	☐	☐
Dressing	☐	☐	☐
Grooming	☐	☐	☐

Ambulation
☐ Nonambulatory ☐ With Cane ☐ Unassisted
☐ With Assistance ☐ With walker

Continence	Continent	Incontinent
Urine	☐	☐
Bowel	☐	☐

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 lesion ☐ TM intact ☐ Good dentition Other _____

NECK ☐ Neck symmetrical, no masses, trachea midline ☐ Thyroid not enlarged, non-tender Other _____

CARDIOVASCULAR ☐ RRR ☐ Normal S_1 & S_2 ☐ S_3 ☐ S_4 ☐ 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 _____

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