

# DARP Note

Patient name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of birth: \_\_\_\_\_

<b>D</b>	<b>Data</b>
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<b>A</b>	<b>Assessment</b>
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<b>R</b>	<b>Response</b>
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<b>P</b>	<b>Plan</b>
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Attending healthcare professional: \_\_\_\_\_ Signature: *Joan Chu*

Date and time of documentation: \_\_\_\_\_