Home Health Documentation

Patient information	
Name	Date of birth
Address	
Phone number	Email
Emergency contact	Phone number
Primary care physician	Phone number
Insurance provider	Policy number

Visit information		
Date	Start time	End time
Location	Reason for visit	

Clinical assessment	
Blood pressure	Heart rate
Respiratory rate	Temperature

Physical assessment	
General appearance	Skin integrity
Neurological	Musculoskeletal
Respiratory	Cardiovascular
Gastrointestinal	Genitourinary

Medical management

Medications

Medication administration

Care plan

Current care plan

Updates

Patient education

Topics discussed	Understanding and compliance

Patient and caregiver feedback

Patient feedback

Caregiver feedback

Next visit plan	
Date	Time
Goals for the next visit	
Provider's name and signature	Date