

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