

# Nursing Home Report Sheet

<b>Patient information</b>		
<b>Name:</b>		
<b>Contact information:</b>		
<b>Age:</b>	<b>Gender:</b>	<b>Room/bed:</b>
<b>Diagnosis:</b>		<b>Allergies:</b>
<b>Patient history</b>		
<b>Past medical history:</b>		<b>Relevant surgeries/procedures:</b>
<b>Current health issues</b>		
<b>Primary diagnosis:</b>		<b>Secondary diagnosis (if applicable):</b>
<b>Vital signs:</b>		
<b>Temperature:</b>	<b>Pulse:</b>	<b>Blood pressure:</b>
<b>Respiratory rate:</b>		<b>Oxygen saturation:</b>
<b>Pain assessment:</b>		
<b>Level:</b>		<b>Location:</b>
<b>Duration:</b>		<b>Management:</b>

Current medications			
Name	Dosage	Route	Schedule
Treatments and procedures			
I. Recent treatments:		II. Pending procedures:	
Laboratory and diagnostic results			
I. Blood work:		II. Imaging:	
		<div><input type="checkbox"/> X-ray</div> <div><input type="checkbox"/> MRI</div> <div><input type="checkbox"/> CT scan</div> <div><div>Ultrasound</div><div>PET scan</div><div>Other (specify):</div></div>	
Results of imaging			
I. X-ray findings:		II. MRI findings:	
III. CT scan findings:		IV. Ultrasound findings:	
V. PET scan findings:		VI. Other imaging findings:	
VII. Other diagnostic tests:			

Activities of daily living (ADLs)			
I. Functional status:			
Bathing:	Dressing:	Eating:	Mobility:
Care plan and interventions			
I. Nursing diagnosis:		II. Interventions:	
Additional notes			
Healthcare professional information			
Name:		License ID number:	
Signature:		Date of report:	