

Nursing Home Report Sheet

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

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>Ultrasound</div> <div>PET scan</div> <div>Other (specify):</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:	