Nursing Home Report Sheet

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 status

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

Name

Dosage

Route

Schedule

Name

Dosage

Route

Schedule

Name

Dosage

Route

Schedule

Treatments and procedures

Recent treatments

Pending procedures

Laboratory and diagnostic results

Blood work

Imaging

- [ ] X-ray
- [ ] MRI
- [ ] CT scan
- [ ] Ultrasound
- [ ] Other

Results of imaging

X-ray findings

MRI findings

CT scan findings

Ultrasound findings

PET scan findings

Other imaging findings

Other diagnostic tests

Activities of daily living (ADLs)

Functional status

Bathing

Dressing

Eating

Mobility

Care plan and interventions

Nursing diagnosis

Interventions

Additional notes

Specify below

Healthcare professional information

Name

License ID number

Signature

Date of report