Nursing Visit Progress Notes

Client Name:			Primary Physician:	
Date:	Time Allocated: Mileage:		Reason for Visit:	
CONDITION:				
Condition Stable? ☐ Yes ☐ No				
New Concerns or Change in Status:				
VITAL SIGNS				
B/P:	Pulse:	Respirations:	Temp:	Weight:
GENERAL:				
Bowel / Bladder Problems? ☐ Yes ☐ No				
If yes, explain:				
Appetite: ☐ Good ☐ Fair ☐ Poor				
Explain:				
MEDICATIONS:				
☐ Pill Box Setup	☐ Refills Ordered		☐ Medication Changes	☐ Monthly Mar
Additional Comments:				
MEDICAL / PAIN MANAGEMENT				
Recent Physician Appointments:			Upcoming Physician Appointments:	
Pain and Discomfort: ☐ Yes ☐ No			If yes, is the pain ☐ Acute ☐ Chronic	
Location and Comments:				
Physicians Notification Required: ☐ Yes ☐ No			Method of Contact: ☐ Fax ☐ Telephone ☐ MD Visit	
NURSING NOTES:				
NURSES SIGNATURE:				