

TODAY'S VISIT

Main Reason for Today's Visit to the Physician or Nurse (To be filled out by the Patient and/or Caregiver)

- Please bring an updated form for each visit to the physician/nurse.
- Bring an updated medication list, or all medications being taken.
- Bring any monitoring forms being used (i.e., sleep or behavior charts).
- Keep a copy of this completed form for the patient's home medical files.

Last/First Name: _____

Address: _____

Phone: _____ DOB / / Gender: _____
dd mm yyyy

Medical Record Number: _____

Date of Visit: / /
dd mm yyyy

Up-to-date Medication List attached? No Yes

PATIENT / CAREGIVER

What is the main health problem that the patient or caregivers are concerned about?

When did it start? ___/___/___

List any new symptoms:

List possible contributing factors:

Circle or list other needs — (e.g., prescription renewals, test results, forms to be filled out, appointment for annual exam)

Any Recent Changes or Stressors? (e.g., staff changes, family illness or stress, changes in living or social environment)

No Yes

If yes, please describe:

Any recent visit to the dentist or other doctor?

No Yes

Any recent medication changes or additions?
(Include antibiotics, creams or herbal medicines)

No Yes

Any recent physical or emotional changes? If yes, check and briefly describe.

Activity level: _____

Mobility: _____

Sleeping habits: _____

Pain or distress: _____

Eating patterns/Weight change: _____

Swallowing: _____

Bowel routine: _____

Mood or behavior: _____

Other: _____

Caregiver Needs — Write down or tell doctor or nurse whether there are issues regarding caregiver fatigue or burnout:

Caregiver Name: _____

Position: _____ Contact #: _____

Signature: _____

Name: _____

PHYSICIAN / NURSE TO COMPLETE, KEEP COPY FOR CHART, AND GIVE COPY TO THE PATIENT / CAREGIVER

Assessment:

Treatment Plan including Medication Changes:

Advice to Patient and Caregivers:

Next Planned Visit / Follow-Up: ___/___/___ MD / RN Signature: _____

NOTES/COMMENTS:
