

DATE:

ROOM NO.:

PATIENT'S NAME:

Are you in pain? How much?



0-1



2-3



4-5



6-7



8-9



10-11

CARE TEAM

Nurse:

PCA:

Physician:

TODAY'S SCHEDULE

Meals:

Activities:

Discharge Planning:

TELEPHONE NUMBERS

Room:

Dietary:

Housekeeping:

Nurse:

PATIENT / STAFF COMMUNICATION