



Physician Visit

Client Name _____ **Date of Visit** _____

MD _____ Phone _____

Facility/Location _____

Diagnosis _____

Physical Exam

Height _____ Weight _____ Pulse _____ Resp _____

BP _____ / _____ BS _____ Temp _____

Skin _____

Integrity _____

Wound _____

Location _____

Dressing _____

Regimen _____

Cardiac _____

Status _____

Respiratory _____

Status _____

Ambulatory _____

Status _____

Recent falls Y/N _____

Incontinence _____

Issues _____

Restrictions _____

Labs _____

New _____

medications/orders _____