

Nursing Home Record

Name: _____

Reason for being at the nursing home: _____

Doctor: _____

Doctor's phone number: _____

Charge nurse: _____

Physical therapist: _____

Occupational therapist: _____

Speech therapist: _____

Physical therapy rehabilitation plan of care:

Occupational therapy rehabilitation plan of care

Speech therapy plan of care

Follow up doctor's appointments/Purpose of the visit

Follow up tests (X-ray, laboratory)

New treatments/medications:

Anticipated discharge date:
