



Month						
S	M	T	W	T	F	S
1	2	3	4	5	6	
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

Today's Date: (Fecha):



**Good Health Hospital**

*Where Caring Is Our Specialty*



Room #: (# de Cuarto)

**3 West 212B**



Telephone #: (# telefono):

**860-632-2026**



Nurse: (Enfermera):



Physician: (Alédico):



Assistant Nurse:  
(ayudante de la Enfermera):



Housekeeper: (Ama de casa):



Information: (Información):



Meals: Room Service

**4557**

Today's Plan (plan de Cuidado para Hoy):



Our Goal is to ALWAYS help control your pain!  
¡Nuestro objetivo es ayudarle a controlar el dolor SIEMPRE!

goal



0



1



2



3



4



5



To the Doctor and Nurse:

If This Box is Checked, This Patient is a Limited English Proficiency Patient Who Speaks Only

Please print the name of the language

