



Date



Patient Phone #



Nurse / Phone #



Nursing Assistant / Phone #



Tests/Specimens



Weight

Admit

Last

Current



Room XXX-02



Diet

NPO

Aspiration Precautions

Assistance _____

Chair

Ambulate

Walker/ Cane

Gait Belt

PT

OT

Primary Language

Fall Prevention

Hearing Impairment

Visual Impairment

BiP

Other