



Date:



Diet:

Last BM:



Nurse:

**Safety Precautions:**  Sticks  R  L  
 Fall  Skin  Isolation  Other \_\_\_\_\_  
 Swallowing

It is our goal to **ALWAYS:**

- Make you very satisfied
- Treat you with courtesy and respect
- Control your pain
- Listen to you carefully
- Provide a clean and quiet environment
- Answer your call light promptly
- Explain medications and procedures
- Keep you informed



Physician:

Swallow Eval. Status:



RT:



Activity:

Assistive Device Used:



Housekeeper:

DVT Prophylaxis:



Please remind your health care provider to clean their hands.

Visiting Hours:

9 a.m. to 6 p.m. - 8 p.m. to 10 p.m. - 12 a.m. to 6 a.m.

For the safety of our patients:

1. Please turn OFF all cell phones
2. Limit visitors to two at a time
3. Visitors must be 14 years or older

What does **"VERY GOOD CARE"** mean to you?

✓ \_\_\_\_\_  
 ✓ \_\_\_\_\_  
 ✓ \_\_\_\_\_



Notes: