

PATIENT GOALS/COMMUNICATION BOARD

Day/Date:

Room No.:

Room Telephone No.:

Preferred Name:

Target Discharge Date/Time:

Daily Goals/Needs

1.

2.

3.

4.

5.

6.

Care Team

Nurse:

Other/s:

M.D.:

Nursing Asst:

Other Information

Pain Management is OUR Goal!



0



1



2



3



4



5



6



7



8



9

WE WANT YOU TO BE "VERY SATISFIED" WITH THE LEVEL OF CARE YOU ARE RECEIVING.
IF NOT, PLEASE CONTACT THE CHARGE NURSE OF THIS UNIT.

