

## TODAY'S VISIT

### Main Reason for Today's Visit to the Physician or Nurse (To be filled out by the Patient and/or Caregiver)

- Please bring an updated form for each visit to the physician/nurse.
- Bring an updated medication list, or all medications being taken.
- Bring any monitoring forms being used (i.e., sleep or behavior charts).
- Keep a copy of this completed form for the patient's home medical files.

Last/First Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ DOB    /   /    Gender: \_\_\_\_\_  
dd mm yyyy

Medical Record Number: \_\_\_\_\_

Date of Visit:    /   /     
dd mm yyyy

Up-to-date Medication List attached?  No  Yes

## PATIENT / CAREGIVER

What is the main health problem that the patient or caregivers are concerned about?

When did it start? \_\_\_/\_\_\_/\_\_\_

List any new symptoms:

List possible contributing factors:

**Circle or list other needs** — (e.g., prescription renewals, test results, forms to be filled out, appointment for annual exam)

**Any Recent Changes or Stressors?** (e.g., staff changes, family illness or stress, changes in living or social environment)

No  Yes

If yes, please describe:

**Any recent visit to the dentist or other doctor?**

No  Yes

**Any recent medication changes or additions?**  
(Include antibiotics, creams or herbal medicines)

No  Yes

Any recent physical or emotional changes? If yes, check and briefly describe.

Activity level: \_\_\_\_\_

Mobility: \_\_\_\_\_

Sleeping habits: \_\_\_\_\_

Pain or distress: \_\_\_\_\_

Eating patterns/Weight change: \_\_\_\_\_

Swallowing: \_\_\_\_\_

Bowel routine: \_\_\_\_\_

Mood or behavior: \_\_\_\_\_

Other: \_\_\_\_\_

**Caregiver Needs** — Write down or tell doctor or nurse whether there are issues regarding caregiver fatigue or burnout:

Caregiver Name: \_\_\_\_\_

Position: \_\_\_\_\_ Contact #: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

**PHYSICIAN / NURSE TO COMPLETE, KEEP COPY FOR CHART, AND GIVE COPY TO THE PATIENT / CAREGIVER**

Assessment:

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Treatment Plan including Medication Changes:

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Advice to Patient and Caregivers:

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Next Planned Visit / Follow-Up: \_\_\_/\_\_\_/\_\_\_ MD / RN Signature: \_\_\_\_\_

**NOTES/COMMENTS:**

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