

# NURSING HOME DOCUMENTATION FORM

Patient: \_\_\_\_\_ Room: \_\_\_\_\_ Date: \_\_\_\_\_

Code Status:  Full  DNR / DNI  Other: \_\_\_\_\_

Family Contact: \_\_\_\_\_ POA: \_\_\_\_\_

Admit Date: \_\_\_\_\_ Level of Care: \_\_\_\_\_

Previous Facility: \_\_\_\_\_

PMH:  HTN  HLP  CAD  DM  CHF  COPD  
 CVA  Dementia

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Medications \_\_\_\_\_ Start Date \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

All: <input type="checkbox"/> NKDA	
VACC	Date
Td	
Zoster	
Pneu	
Flu	

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Social

Current Activities: \_\_\_\_\_

Former Occupation: \_\_\_\_\_

Living Relative/Friends: \_\_\_\_\_

## CC / New Concerns

\_\_\_\_\_  
 \_\_\_\_\_

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

ROS / Geriatric Syndromes	
Function (activities of daily living) <i>I = Independent S = With Supervision</i> <i>A = Moderate Assist X = Max Assist</i>	
Bathing	
Dressing	
Toileting	
Transferring	
Feeding	
Continence	

Cognition:
Mood: ( <i>depression, anx, behav</i> )
Sensory: ( <i>vision, hearing</i> )
Falls / Gait:
Nutrition:
Exercise:

Exam Pain Scale: \_\_\_\_\_ Wt:  $\uparrow/\downarrow$  \_\_\_\_\_

Gen: \_\_\_\_\_

HEENT: \_\_\_\_\_

	HR	BP
$\uparrow$		
$\downarrow$		
$\rightarrow$		

\_\_\_\_\_ Dentition: \_\_\_\_\_

Pulm: \_\_\_\_\_

CV: \_\_\_\_\_

Abd: \_\_\_\_\_ Rect: \_\_\_\_\_

EXT & MS: \_\_\_\_\_

Skin: \_\_\_\_\_

Neuro: \_\_\_\_\_

Sit  $\rightarrow$  Stand: \_\_\_\_\_ Get-up & go: \_\_\_\_\_ Grip strength: \_\_\_\_\_

PSY: MMSE: \_\_\_\_\_ GDS: \_\_\_\_\_ CSDD: \_\_\_\_\_

\_\_\_\_\_

## Other Disciplines / Care Plan

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Assessment & Plan

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



FPM Toolbox To find more practice resources, visit <https://www.aafp.org/fpm/toolbox>.

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