

# DAILY CARE NOTES

FOR: \_\_\_\_\_

TAKEN BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

OTHER: \_\_\_\_\_ PHONE: \_\_\_\_\_

## PATIENT'S GOALS TODAY:

## DOCTOR(S) PLAN OF CARE TODAY:

- GOALS?
  
  
- WHAT TO WATCH FOR?



## NEW MEDICATIONS:

- WHY?
- WHAT TO WATCH FOR?
- GOOD EFFECTS?
- NEGATIVE EFFECTS?



## MEDICATIONS STOPPING:

- WHY?
- WHAT TO WATCH FOR?
- GOOD EFFECTS?
- NEGATIVE EFFECTS?

## QUESTIONS? OBSERVATIONS? WORRIES?

Jot them here to remember what you/patient want to talk about with the doctors, nurses, and others.



*It's normal for patients to forget most of what they're told in the hospital, so your notes are important!*



## TESTS ORDERED TODAY:

### TEST:

TO LEARN WHAT:

BY DOCTOR:

SCHEDULED TIME:

RESULTS READY WHEN?

RESULTS & WHAT THEY MEAN:

### TEST:

TO LEARN WHAT:

BY DOCTOR:

SCHEDULED TIME:

RESULTS READY WHEN?

RESULTS & WHAT THEY MEAN:

### TEST:

TO LEARN WHAT:

BY DOCTOR:

SCHEDULED TIME:

RESULTS READY WHEN?

RESULTS & WHAT THEY MEAN:



**MONTROSE**  
REGIONAL HEALTH

*Caring for you like family.*