PATIENT PROFILE

NAVMED 6550/12 (5-80) S/N 0105-LF-206-5560

✔	ACTIVITY	DATE
	Bedrest	
	Bathroom Privileges	
	Up in chair	
	Ambulate	
	Commode	
	Needs assistance	
	Restricted to unit	
	Hospital privileges	
	Other	

✔	BATH	DATE
	Bed bath	
	Shower	
	Tub	
	Needs assistance	

ORAL HYGIENE	DATE
Self	
Needs assistance	
Special	

DIET	DATE
NPO	

FEEDING	DATE
Self	
Needs assistance	

✔	VITAL SIGNS	FREQ
	Temp	
	Pulse	
	Resp	
	B/P	
	Other	

FLUIDS	
Forced to:	
Restricted to	

✔	SPECIAL NOTES
	Dentures
	Speech impediment
	Language barrier
	Prosthetic device
	Visual impairment
	Blind
	Contact lenses
	Glasses
	Hearing defect
	Other

DATE ORDERED	DATE RENEWED	TREATMENTS/SPECIAL NOTES	TIMES	DATE ORDERED	DATE RENEWED	TREATMENTS/SPECIAL NOTES	TIMES

ADDRESSOGRAPH

DIAGNOSIS

OP/SPECIAL PROCEDURES

FINDINGS

AGE	HEIGHT	WEIGHT

PATIENT CLASSIFICATION

	DATE ON	DATE OFF
SI		
VSI		
RELIGIOUS RITES		

ALLERGIES:

DATE ORDERED	DATE RENEWED	MEDICATIONS	TIME (HOURS TO BE GIVEN)	DATE OF ORDER	LABORATORY/DIAGNOSTIC TESTS EXAMINATIONS/ CONSULTATIONS	DATE SENT	DATE COMP

ADDRESSOGRAPH