NURSING VISIT NOTE

Client Name: _____

Date: _____

Time: _____

Type of Visit:
☐ Medication Setup & Education
☐ Wellness / Safety Check
☐ Post-Discharge Visit
☐ Other: _____

🩺 Client Status / Assessment

General appearance:

_____

_____

Client concerns or symptoms:

_____

_____

Pain level (if applicable): _____ /10

📋 Vital Signs

BP: _____

Heart Rate: _____

Temperature: _____

O2 Saturation: _____

💊 Medications / Education Reviewed

☐ Medication list reviewed
☐ Pillbox setup completed
☐ Medication education provided
☐ Side effects reviewed
☐ Discharge instructions reviewed
☐ Fall prevention discussed
☐ Follow-up care encouraged

Notes:

🏠 Safety / Wellness Observations

☐ Fall risks noted
☐ Mobility concerns
☐ Home environment appeared safe
☐ Caregiver present
☐ No immediate concerns observed

Additional observations:

📌 Recommendations / Follow-Up

_____

_____

_____

☐ Follow-up visit recommended
☐ Follow-up PRN (as needed)
☐ Advised to contact PCP
☐ Advised urgent care / ER evaluation if symptoms worsen

_____

✍🏽 Signatures

RN Signature: _____

Client / Representative Signature: _____

Date: _____