

HEALTH PROGRESS RECORD SHEET

Client Name													
Year													SUM
Month	JAN.	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
Temp.	BELOW 97												
	ABOVE 101												
Pulse	over 100												
Resp.	BELOW 16												
	OVER 24												
BLOOD PRESSURE (H)													
(L)													
B M													
URINE	EXCESS												
	INADEQUATE												
LAXATIVES													
DIET TYPE CONSISTANCY													
FEEDING	ORAL												
	LEVINE												
	GASTROS												
FEEDING PROBLEM	SEV												
	MOD												
	MIN												
	NONE												
WEIGHT	HIGH												
	LOW												
EMESIS													
LIQUID INTAKE													
RESP.	INFECT.												
	CPR												
	DISTRESS												
	O ₂												
ASPIR.	FOOD												
	OTHER												
SUCTIONED													
SEIZURES													
SKIN: (+/-)	EXCORIATE												
	DECUBITUS												
	BOILS/OTHER												
DR.	ROUTINE												
	SPECIAL												
	PHONE #												
HOSPITAL SCHED.	ER												
	OUT PT.												
HOSP.	ADM												
	DAYS												
MENTAL	ALERT												
	LATHARGIC												
	COMATOSE												
MEDICAL EVENT													
GEN. PROG. (+0-)													

DATE:

COMMENTS EACH MONTH

INITIALS:

