**Nursing Visit Record**

**Individuals Name**

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**Medication change since last visit?**
- □ No
- □ Yes, Specify: ___________________

**Allergies:** ___________________________________________________________________

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**Conference with SN  PT  OT  SLP  MSS  HHA (circle one)  Name:** ____________________

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**Teaching Tools used given:** ____________________________________________________________________________

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**Reason for visit:** ____________________________________________________________________________

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**Precautions**
- Left ___________
- Right ___________
- 1st Wound Location 2nd Wound Location

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**Glucometer**

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**BS:** ___________

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**Skin**
- Edema Location TR 1+ 2+ 3+ 4+

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**Nursing Visit Record**

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**Observation**

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**Respiratory**
- No Deficit

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**Vital signs**
- Temp: ___________
- Pulse: ___________
- Resp: ___________
- Wt: ___________
- BP: ___________

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**Skin**

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**Sensory**
- Hearing Impaired
- Speech Impaired
- Visually Impaired
- Legally Blind

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**Neurological**
- No Deficit

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**Intervention**

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**SUPERVISION**

- □ LVN
- □ Aide

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**Goals/Plans**

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**Progress toward goals:** _______________________________________________________________________

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**Teaching tools used given:** _______________________________________________________________________

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**Conference with SN PT OT SLP MSS HHA (circle one) Name:** ____________________

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**Plan for next visit:** _______________________________________________________________________

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**Nurses Signature & Title**

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**Individuals Signature**

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