

**Patient Name** \_\_\_\_\_

**Room No.** \_\_\_\_\_ **Room Tel. No.** \_\_\_\_\_

Physician \_\_\_\_\_ Doctor \_\_\_\_\_

Nurse \_\_\_\_\_ Nurse \_\_\_\_\_

### Today Is

Monday Tuesday Wednesday Thursday  
Friday Saturday Sunday

### Goal for Today

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### Today's Plan of Care

#### Diet

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Radiology

Lab Work

Physical Therapy

#### Last Dose

\_\_\_\_\_ AM  
\_\_\_\_\_ PM

#### Next Available Dose

\_\_\_\_\_ AM  
\_\_\_\_\_ PM