

**DATE:**

**ROOM NO.:**

**PATIENT'S NAME:**

**CARE TEAM**

**Nurse:**

**PCA:**

**Physician:**

**TODAY'S SCHEDULE**

**Meals:**

**Activities:**

**Discharge Planning:**

**TELEPHONE NUMBERS**

**Room:**

**Dietary:**

**Housekeeping:**

**Nurse:**

**Are you in pain? How much?**



0-1

2-3

4-5

6-7

8-9

10-11

**PATIENT / STAFF COMMUNICATION**