

**DATE:**

**ROOM NO.:**

**PATIENT'S NAME:**

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



**0-1**



**2-3**



**4-5**



**6-7**



**8-9**



**10-11**

**CARE TEAM**

**Nurse:**

**PCA:**

**Physician:**

**TODAY'S SCHEDULE**

**Meals:**

**Activities:**

**Discharge Planning:**

**TELEPHONE NUMBERS**

**Room:**

**Dietary:**

**Housekeeping:**

**Nurse:**

**PATIENT / STAFF COMMUNICATION**