

PATIENT'S NAME:

NOTES:

TODAY'S GOAL:

DATE:

MON

TUES

WED

THU

FRI

SAT

SUN

NURSE:

DOCTOR:

PHONE:

ROOM NO.:

Are you in pain? How much?



0-1



2-3



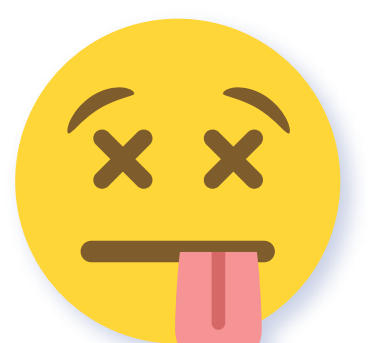
4-5



6-7



8-9



10-11