

HEALTH PROGRESS RECORD SHEET														
Client Name														
Year														
Month		JAN.	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	SUM
Temp.	BELOW 97 ABOVE 101													
Pulse	over 100													
Resp.	BELOW 16 OVER 24													
BLOOD PRESSURE (H)														
(L)														
B M														
URINE	EXCESS INADEQUATE													
LAXATIVES														
DIET TYPE CONSISTANCY														
FEEDING	ORAL LEVINE GASTROS SEV													
FEEDING PROBLEM	MOD MIN NONE													
WEIGHT	HIGH LOW													
EMESIS														
LIQUID INTAKE														
RESP.	INFECT. CPR DISTRESS O <sub>2</sub>													
ASPIR.	FOOD OTHER													
SUCTIONED														
SEIZURES														
SKIN:	EXCORIATE DECUBITUS BOILS/OTHER													
(+/-)														
DR.	ROUTINE SPECIAL PHONE #													
HOSPITAL SCHED.	ER OUT PT.													
HOSP.	ADM DAYS													
MENTAL	ALERT LATHARGIC COMATOSE													
MEDICAL EVENT														
GEN. PROG. (+0-)														
DATE:	COMMENTS EACH MONTH										INITIALS:			