

**PATIENT SUMMARY**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Room/Bed: \_\_\_\_\_ Admitted: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_

Attending Physician: \_\_\_\_\_ Nurse: \_\_\_\_\_

**MEDICAL HISTORY**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CURRENT MEDICATIONS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ALLERGIES**

\_\_\_\_\_

\_\_\_\_\_

**CODE STATUS**

Full Code    DNR    DNI    DNR/DNI    Comfort Only

**ADVANCE DIRECTIVE / LIVING WILL**

Yes    No   Location: \_\_\_\_\_

Healthcare Surrogate: \_\_\_\_\_ Phone: \_\_\_\_\_

**PATIENT'S EXPRESSED WISHES**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DAILY LOG**

Date: \_\_\_\_\_ Attending Physician: \_\_\_\_\_ Nurse: \_\_\_\_\_  
Shift:  Day  Evening  Night

**TODAY'S PLAN (as stated by the medical team)**

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**CHANGES TODAY (medications, procedures, status)**

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**QUESTIONS ASKED**

Question: _____	Answer received: _____
_____	_____
_____	_____
_____	_____

**MY OBSERVATIONS**

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**UNRESOLVED / FOLLOW-UP**

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