



New Opportunities for Waterbury, Inc.

WWW.CARETRANSITIONSLLP.COM
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Driver:
Client:

Date:

Did you take all of your medications today?(circle one) Y N
If no, why?

What was your:
Pulse (heartbeats per minute) Date last taken:
Weight Date last taken:
Blood Pressure Date last taken:
Temp Date last taken:
Blood Sugar Date last taken:
Oxygen Level Date last taken:
Problems Sleeping: Y N

Are you short of breath? Y N
If yes, only when moving around?
also when at rest?
Do you use oxygen? Y N
If yes, did you change the amount you use? Y N
Do you have pain? Y N
If yes, where?
Scale 1-10
Any additional respiratory treatments? Y N
If yes, describe:

Did you have any 'as needed' treatments, procedures or medicines? Y N
If yes, what were they?

Were you able to follow the instructions given to you regarding your hospital discharge, and follow up care,
exercises/or instructions (or medications)? Y N

Do you have any wounds, cuts, ulcers, or other skin treatments? Y N
If yes, is there a dressing, bandage, or other covering that was changed? Y N
If No, why:

Did you do a skin check today? Y N
If yes, any new concerns?

Any swelling/retaining fluid or edema? Y N
If yes, where?