

Residential

Medical Record

File Section	Forms
Section 1 Medical/Dental	A. Physical
	B. Lab Results
	C. Dental Consults
	D. Physician Orders (if applicable)
	E. Protocol for Refusal Form (if applicable)
Section 2 HCMP/Health Passport	A. Health Care Management Plan (HCMP) (if applicable)
	B. Training on HCMP (if applicable)
	C. Health Passport
	D. Health form 2 & 3 (if applicable)
Section 3 Nursing Assessment	A. Nursing Assessment
	B. Nursing Notes
	C. Nursing Quarterly review
	D. Annual Preventative Health Screening Report (Male & Female)
	E. Fall Risk Assessment (if applicable)
	F. Braden Scale (if applicable)
	G. Self-Administration Medication Form
	H. Medication Administration Sheet (if applicable)
	I. Medication Administration Record Side Effect Sheet (if applicable)
Section 4 Specialty Consultations	A. Urology (if applicable)
	B. Podiatry (if applicable)
	C. OB/GYN (if applicable)
	D. Mammogram (if applicable)
	E. Colonoscopy (if applicable)

	F. Neurology (if applicable)
	G. Ophthalmology (if applicable)
	H. ENT (if applicable)
	I. Gastroenterology (if applicable)
	J. Other
Section 5 Psychiatry	A. Annual Psychiatric Assessment (if applicable)
	B. Psychotropic Medication Review (if applicable)
	C. Abnormal Involuntary Movement Scale (AIMS) (if applicable)
Section 6 Clinical Assessments/Protocols/Trainings	A. Occupational Therapy Assessment (if applicable)
	B. Occupational Therapy Quarterly (if applicable)
	C. Physical Therapy Assessment (if applicable)
	D. Repositioning Protocol (if applicable)
	E. Training on Repositioning Protocol (if applicable)
	F. Physical Therapy Quarterly
	G. Nutritional Assessment (if applicable)
	H. Nutritional Quarterly (if applicable)
	I. Speech and Language Assessment (if applicable)
	J. Mealtime Protocol (if applicable)
	K. Training on Mealtime Protocol (if applicable)
	L. Feeding Guidelines (if applicable)
	M. Training on Feeding Guidelines (if applicable)
	N. Seizure Protocol (if applicable)
	O. Training on Seizure Protocol (if applicable)
P. Speech Quarterly (if applicable)	

Section 7 Other Forms	
Section 7 Other Forms	A. Glasgow Depression Scale (Self-Report) (if applicable)
	B. Glasgow Depression Scale (Care Giver Supplement) (if applicable)
	C. NTG-Early Detection Screen for Dementia (NTG-EDSD) (if applicable)
	D. Bowel Movement Chart (if applicable)
	E. Weight/Vital Signs (if applicable)
	F. Fluid Intake (if applicable)
	G. Glucose Monitoring (if applicable)
	H. Other