



VERTEX HOME HEALTH AGENCY, INC.

- **Patient Information:** Include the patient's name, date of visit, and caregiver details. _____

- **Visit Purpose:** Clearly state the reason for the visit, such as assessment, medication management, or wound care. _____

- **Observations:** Document vital signs, physical assessments, and any changes in the patient's condition, alert RN / or Physician of any abnormal Vital signs of abnormal change in patient's overall change in condition.

- **Care Provided:** Detail the specific care or interventions performed during the visit. _____

- **Patient Response:** Note the patient's response to care and any concerns raised. _____

- **Plan:** Outline the plan for future visits or any changes to the care plan.



Documentation Standards

- Ensure compliance with California Department of Social Services guidelines, which emphasize thoroughness and accuracy in notes. _____

- Utilize templates for consistency and to meet Medicare requirements.
- Please remember to sign your note, all LVN's and CNA's please have your designated RN to sign off on your notes.

Signature: _____

RN Designee: _____