U.S. DOD Form dod-navmed-6550-12

PATIENT PROFILE

NAVMED 6550/12 (5-80) S/N 0105-LF-206-5560

✔	ACTIVITY	DATE	✔	BATH	DATE	DIET	DATE	✔	VITAL SIGNS	FREQ	✔	SPECIAL NOTES
	Bedrest			Bed bath		NPO			Temp			Dentures
	Bathroom Privileges			Shower					Pulse			Speech impediment
	Up in chair			Tub					Resp			Language barrier
	Ambulate			Needs assistance					B/P			Prosthetic device
	Commode								Other			Visual impairment
	Needs assistance											Blind
	Restricted to unit											Contact lenses
	Hospital privileges			ORAL HYGIENE	DATE							Glasses
	Other			Self			FEEDING	DATE	FLUIDS			Hearing defect
				Needs assistance			Self		Forced to:			Other
				Special			Needs assistance		Restricted to			

DATE ORDERED	DATE RENEWED	TREATMENTS/SPECIAL NOTES	TIMES	DATE ORDERED	DATE RENEWED	TREATMENTS/SPECIAL NOTES	TIMES

ADDRESSOGRAPH

DIAGNOSIS	AGE	HEIGHT	WEIGHT
	PATIENT CLASSIFICATION		
OP/SPECIAL PROCEDURES		DATE ON	DATE OFF
	SI		
FINDINGS	VSI		
	RELIGIOUS RITES		

ALLERGIES:

DATE ORDERED	DATE RENEWED	MEDICATIONS	TIME (HOURS TO BE GIVEN)	DATE OF ORDER	LABORATORY/DIAGNOSTIC TESTS EXAMINATIONS/ CONSULTATIONS	DATE SENT	DATE COMP