

See instructions on next page.

TREATMENT RECORD

DATE	TREATMENT ORDER	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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Diagnosis(es)																										Month		Year					
Admission Date	Height	Weight	DOB	Allergies																		Diet											

NAME-Last		First		Middle		Attending Physician										Record No.		Room/Bed	
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INSTRUCTIONS: On page one, initial appropriate box when treatment is provided. Record H (held) or R (refused) as appropriate then document reason below. Record progress or decline of condition for which treatment is administered as often as facility policy specifies.

TREATMENT NOTES

[illegible]