

# Client Care Notes

Alaska Faith Community Nurse Resource Center

**Name:**

**DOB:**

**M /F**

**Address:**

**Client Phone(s):**

**Occupation:**

**Initial Site Visit:** Church Home Hospital Office Phone Other  
(Circle)

**Referral From:** Self Family Member Pastoral Staff Physician Community Other  
(Circle)

**Other Contact Phone #s:**

Name	Relationship	Phone #	

**Advance Directives completed?** Yes/No

**Insurance:**

**Physician(s) Name and Phone:**

Physician Name	Phone #	Comments

**Brief Medical History:**

**Allergies:**

**Medications:**

Medication	Dose	Frequency

**RN Signature**

**Date**

# Client Care Notes

Alaska Faith Community Nurse Resource Center

**Chief Concern**

**Interaction Date**

<b>Data</b>	
<b>Nursing Diagnosis*</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Health seeking behavior</li> <li><input type="checkbox"/> Grieving</li> <li><input type="checkbox"/> Individual management of therapeutic regimen</li> <li><input type="checkbox"/> Knowledge deficit</li> <li><input type="checkbox"/> Social isolation</li> <li><input type="checkbox"/> Anxiety</li> <li><input type="checkbox"/> Potential for enhanced spiritual well being</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Pain</li> <li><input type="checkbox"/> Ineffective individual coping</li> <li><input type="checkbox"/> Impaired physical mobility</li> <li><input type="checkbox"/> Impaired home maintenance management</li> <li><input type="checkbox"/> Caregiver role strain</li>   <li><input type="checkbox"/> Other</li> </ul>
<b>Actions*</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Active listening</li> <li><input type="checkbox"/> Spiritual support</li> <li><input type="checkbox"/> Health screening</li> <li><input type="checkbox"/> Emotional support</li> <li><input type="checkbox"/> Individual teaching</li> <li><input type="checkbox"/> Presence</li> <li><input type="checkbox"/> Touch</li> <li><input type="checkbox"/> Support system enhancement</li> <li><input type="checkbox"/> Referral</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Health care information exchange</li> <li><input type="checkbox"/> Health education</li> <li><input type="checkbox"/> Grief work facilitation</li> <li><input type="checkbox"/> Coping enhancement</li> <li><input type="checkbox"/> Humor</li> <li><input type="checkbox"/> Caregiver support</li> <li><input type="checkbox"/> Hope instillation</li> <li><input type="checkbox"/> Decision making support</li>   <li><input type="checkbox"/> Other</li> </ul>
<b>Response</b>	
<b>Outcomes*</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Improved health status (ie: BP or cholesterol improved)</li> <li><input type="checkbox"/> Access to care / resources</li> <li><input type="checkbox"/> Enhanced independent living</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Injury prevention</li> <li><input type="checkbox"/> Knowledge increase related to:</li>   <li><input type="checkbox"/> Lifestyle changes/positive health behaviors</li> <li><input type="checkbox"/> Ongoing management/monitoring of care</li>   <li><input type="checkbox"/> Other</li> </ul>

**RN Signature**

**Outcome Date**

Alaska BON Statement – 12AAC 44.770 Unprofessional Conduct (10) failing to maintain a record for each client which accurately reflects the nursing problems and interventions for the client

\*Resource for frequently used Nursing Diagnosis, Actions, and Outcomes available from AFCNRC.

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