

MONTH						
S	M	T	W	T	F	S
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				

Today's Date: (Fecha)

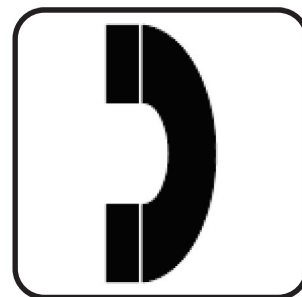


Good Health Hospital

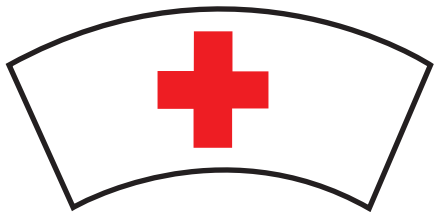
Where Caring Is Our Specialty



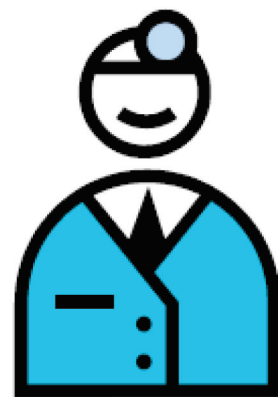
Room#: (# de Cuarto):



Telephone #: (# de Telefono):



Nurse: (Enfermera):



Physician: (Al Médico):



Assistant Nurse:
(Ayudante de la Enfermera):



Housekeeper: (Ama de Casa):



Information: (información):

Today's Plan (plan de Cuidado para Hoy)



To the doctor and nurse:

IF THIS BOX IS CHECKED, THIS PATIENT IS A LIMITED ENGLISH PROFICIENCY PATIENT WHO SPEAKS ONLY

Please print the name of the language