### TODAY’S VISIT

**Main Reason for Today’s Visit to the Physician or Nurse** (To be filled out by the Patient with DD and Caregiver)
- Please bring an updated form for each visit to the physician/nurse.
- Bring an updated medication list, or all medications being taken.
- Bring any monitoring forms being used (i.e., sleep or behaviour charts).
- Keep a copy of this completed form for the patient’s home medical files.

**Patient / Caregiver** (see back of page)

**Physician / Nurses**

What is the main health problem the patient with DD or caregivers are concerned about?
- When did it start?
- List any new symptoms.
- List possible contributing factors.

**Circle or list other needs** – e.g., prescription renewals, test results, forms to be filled out, appointment for annual exam

**Any Recent Changes or Stressors?**
- ☐ No  ☐ Yes: __________________________
  (e.g., staff changes, family illness or stress, changes in living or social environment)

**Any recent visit to the dentist or other doctor?**
- ☐ No  ☐ Yes: __________________________

**Any recent medication changes or additions?**
- ☐ No  ☐ Yes: __________________________
  (include antibiotics, creams or herbal medicines)

**Caregiver Needs** – Write down or tell doctor or nurse whether there are issues regarding caregiver fatigue or burnout

**Name/Position:** ________________  **Contact #:** ________________  **Signature:** ________________

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**PHYSICIAN / NURSE TO COMPLETE, KEEP COPY FOR CHART, AND GIVE COPY TO THE PATIENT / CAREGIVER**

**Assessment:**

**Treatment Plan including Medication Changes:**

**Advice to Patient and Caregivers:**

**Next Planned Visit / Follow-Up:** ________________  **MD / RN Signature:** ________________
## MONITORING OF DAILY FUNCTIONS DURING THE PAST WEEK

### Recent Changes? If yes, check briefly describe.

- Activity level
- Sleeping habits
- Eating patterns/Weight change
- Bowel routine
- Mood or behaviour

Complete appropriate sections of monitoring chart below if yes.

### MONITORING OF DAILY FUNCTIONS DURING THE PAST WEEK

<table>
<thead>
<tr>
<th></th>
<th>MON.</th>
<th>TUES.</th>
<th>WED.</th>
<th>THURS.</th>
<th>FRI.</th>
<th>SAT.</th>
<th>SUN.</th>
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<tbody>
<tr>
<td><strong>ACTIVITY LEVEL</strong></td>
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<td>(N, ↓ or ↑)</td>
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<td><strong>SLEEP</strong></td>
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<td>Pattern and Hours required (daytime and night)</td>
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<td><strong>EATING/WEIGHT</strong></td>
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<tr>
<td>(N, ↓ or ↑) Include total # of meals and # completed/day</td>
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<td><strong>BOWEL ROUTINE</strong></td>
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<td>(N, ↓, ↑, C)</td>
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<tr>
<td><strong>MOOD/BEHAVIOUR</strong></td>
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<td>(N, ↓ or ↑) Describe if changed (e.g., agitated, withdrawn)</td>
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</table>

Fill in chart using:
- **N** = Normal or usual for that person;
- **↓** = Decrease in amount, level or function;
- **↑** = Increase in amount, level or function;
- **C** = Constipation — a stool is passed less often than every two days or stools are hard and/or difficult or painful to pass, even if the person has stools many times per week.