

Nurse Progress Note
Behavioral Health Service

Date: _____

Specific Problem addressed: _____

Are you currently pregnant? Yes No N/A

Service Provided: Specimen Collection Administering Injections Taking of Vitals

Vital Signs: B/P: _____ P _____ WT _____ HT _____

Verbal Interaction with Client: _____

Side Effects/Allergic Reactions to medications: NONE Same as last visit

New type of Side Effect/Allergic Reactions: _____

Start Time: _____ End Time: _____

Start Time: _____ End Time: _____
(Minimum 15 minutes total)

Nurse Signature: _____ Date: _____

CLIENT NAME	CID#