

Shuree Home Healthcare, Inc.
4492 W. Lawrence Ave.
Chicago, IL 60630
Phone: (773) 283-4950 | Fax: (773) 283-4980

LVN/LPN Visit

Patient Name:	MR:	Visit Date:
LVN/LPN:	LVN/LPN Present:	Associated Mileage:

Evaluation

1. Arrives for assigned visits as scheduled:

- Yes
- No

2. Follows client's plan of care:

- Yes
- No

3. Demonstrates positive and helpful attitude towards the client and others:

- Yes
- No

4. Informs Nurse Supervisor/Case Manager of client needs and changes in condition:

- Yes
- No

5. Implements Universal Precautions per agency policy:

- Yes
- No

6. Any changes made to client plan of care at this time:

- Yes
- No

7. Patient/CG satisfied with care and services provided by LVN/LPN:

- Yes
- No

8. Additional Comments/Findings:

Signature:	Date:
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