XYZ HHA – NURSING PROGRESS REPORT
PSYCHIATRIC / BEHAVIORAL HEALTH PROGRAM

Patient Name (Last, First, M.I.): _____

Patient #: _____ Date: _____

Scheduled Visit	❑ PRN Visit	❑ HHA Supervision	Time In: _____	Time Out: _____

Homebound Status:

❑ Symptoms escalate when leaves the home

❑ Psychiatric symptoms interfere with ability to safely leave home

❑ Psychiatric problems associated with medical homebound status

❑ Leaving home is dependent on others

❑ Patient refuses to leave home

ADL / Functional Ability:

_____

_____

❑ Other: _____

Vital Signs: Temp _____ Pulse _____ Resp _____ B/P _____

Last BM _____ Weight _____ Appetite _____

Energy Level _____

Sleep Pattern _____

Problem:

_____

_____

_____

Nutritional Risk:

❑ Low

❑ Mod

❑ High

Diet: _____

Pain Assessment:

❑ None

❑ Present

0 1 2 3 4 5

Pain Relieved By: _____

Medical Assessment: _____

_____

_____

_____

Mental Status Exam (Check All That Apply):

Orientation	Appearance	Motor Activity	Affect / Mood	Behavior	Speech	Thought Process	Thought Content
☐ Person	☐ Appropriate	☐ Appropriate	☐ Appropriate	☐ Cooperative	☐ Appropriate	☐ Goal-directed	☐ Hopeless
☐ Place	☐ Groomed	☐ Decreased	☐ Guarded	☐ Calm	☐ Soft	☐ Slow	☐ Somatizing
☐ Time	☐ Meticulous	☐ Increased	☐ Flat	☐ Uncooperative	☐ Decreased	☐ Poor Concentration	☐ Phobia
☐ Situation	☐ Disheveled	☐ Repetitive	☐ Depressed	☐ Hostile	☐ Incoherent	☐ Indecisive	☐ Obsessive
☐ Disoriented	☐ Poor Hygiene	☐ Restless	☐ Tearful	☐ Argumentative	☐ Nonsensical	☐ Confabulation	☐ Bizarre
☐ Impaired STM	☐ Dirty Clothes	☐ Rigidity	☐ Anxious	☐ Manipulative	☐ Slurred	☐ Tangential	☐ Grandiose
☐ Impaired LTM	☐ Bizarre	☐ Tremor	☐ Labile	☐ Passive	☐ Loud	☐ Loose Assoc.	☐ Suspicious
☐ Alert	☐ Overweight	☐ Tics	☐ Angry	☐ Withdrawn	☐ Pressured	☐ Racing Thoughts	☐ Paranoid
☐ Attentive	☐ Underweight	☐ Agitated	☐ Irritable	☐ Hypervigilant	☐ Excessive	☐ Disorganized	☐ Delusional
☐ Distracted	☐ Intoxicated	☐ Pacing	☐ Euphoric	☐ Mute	☐ Garbled	☐ Blocking	☐ Hallucinates
☐ Other:	☐ Other:	☐ Other:	☐ Other:	☐ Agoraphobic	☐ Other:	☐ Other:	A/V

Suicidal / Homicidal: ☐Yes ☐No If yes, Ideation: Passive / Active _____ Intent _____ Plan

Able to contract for safety? ☐Yes ☐No

Impulse Control: ☐Poor ☐ Fair ☐ Good Crisis Intervention since last visit? ☐Yes ☐No Judgment: ☐Intact ☐ Impaired

Insight: ☐Good ☐ Ambivalent ☐ In Denial ☐ Blames Others ☐ Minimizes Problems Compliance w/ appointments ☐Yes ☐No

Comments:

_____

_____

Psychiatric Assessment Tool / Results: _____ Med Compliant? ☐Yes ☐No	
Skilled Intervention / Teaching:	Medication Assessed & Instructed In:
	❑ Effectiveness ❑ Patient Compliant
	❑ S/S Reactions ❑ Schedule
	❑ S/S EPS ❑ Action
	❑ S/S Tardive Dyskinesia
Patient Response To Teaching:	Progress towards Goals (since last visit):
Family / Significant Other behavior Interactions:	Changes in Condition:
	Case Coordination: With Whom:
Caregiver Teaching & Response:	Content:
Environment & Home Safety:	
	Next M.D. Visit:
Next Visit Date: Plan:	Plan of Care Discussed With Patient / Family / Significant Other? ☐Yes ☐No

Nurse's Signature / Title:

_____

Patient / Caregiver Signature:

_____

❑ See Addendum