



Nursing Supervision Report

Client Name: Personal Care Home:

Blood Pressure: Pulse: Respiration: Weight:

Physician visit or hospital stay since last nursing supervision visit (*include dates and reason*):

Client Changes (*include medication changes*):

Client Appearance:

Support System/Activity:

Client Comments (*include complaints and positive remarks*):

Narrative:

Completed by: Date: Time:

(*Nurse Performing Supervisory Visit*)