



**Disease Management Program:
Client Contact Record**

Client Name: _____

<u>CHF (congestive heart failure)</u>		<u>Weights Recorded</u>
Weighing Daily?	Y N	M:
Weighing Weekly?	Y N	T:
Weight gain of more than 2 lbs?	Y N	W:
Short of breath at rest?	Y N	Th:
Using more pillows at night?	Y N	F:
Cough? Frothy sputum?	Y N	Sa:
Waking up short of breath at night?	Y N	Su:
More swelling than usual?	Y N	Note: If “yes” is marked for any of the signs/symptoms on this Contact Record, submit Incident Report immediately
Increased urination at night?	Y N	
Increased level of fatigue?	Y N	

<u>COPD (chronic obstructive pulmonary disease)</u>	
Coughing more than usual?	Y N
Green or yellow phlegm/sputum?	Y N
More short of breath than usual?	Y N
More confused than usual?	Y N
Fever, aches, chills?	Y N
Is client on O ₂ ? Frequency (circle): Continuous As Needed	Y N
Does client use breathing treatments?	Y N

Comments or Unusual Findings:

<u>DIABETES</u> Blood sugar range from Care Plan: _____		<u>Blood Sugar Record</u>
Are blood sugars being recorded?	Y N	M:
Any sores, wounds or tears?	Y N	T:
Any sores or wounds that are not improving?	Y N	W:
Are feet and legs being checked daily?	Y N	Th:
Any skin problems?	Y N	F:
Is client taking diabetic medications as ordered?	Y N	Sa:
How often is blood sugar checked? (circle any that apply)		Su:
1xday 2xday 3xday 4x day 1-2x week 1-2x month Occasional		
Before or after meals?	Before Meal After Meal	

<u>CATHETER TYPE (circle):</u> Supra-Pubic Foley Texas (male only)	
Fluids encouraged each visit?	Y N
Peri-Care provided?	Y N
Catheter care provided?	Y N
Color of urine checked?	Y N
Is color darker than usual?	Y N
Urine has foul odor?	Y N
Particles observed in urine? (eggshell like/blood clots)	Y N
New pain in abdomen, legs or back?	Y N
Nausea, chills, confusion?	Y N
Fever of 100° F or higher?	Y N

Comments or Unusual Findings:

Supervisor reported to: _____	Time reported: _____	Referred To: N/A Family Doctor HH Nurse Case Manager
Name of Person Completing Record: _____	Date Completed: _____	Time: _____