



Healthcare Solution Services LLC

ID: 66d157079d5cf965e5f8b312
Name: Sumit Kumar Singh
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Client Information

Client ID:	66d157079d5cf965e5f8b312
Client Name:	X sumit
Address:	asaA
Insurance Provider:	AS

Signatures

Client Signature:	ASXAS	2/9/2024
Financial Representative:	SXSA	2/9/2024
Financial Representative:	zxccd	2/9/2024

Service Details

Date of Birth:	29/8/2024
Address:	www
City:	wsW
FL:	wsW
Telephone:	wsW
Emergency Contact:	sw
Emergency Telephone:	wsW
Health Problems:	wsW
Service Time:	wsWq
Frequency DNRO:	

CNA1

Patient Name:	dd
Gender:	ed
MR Number:	ede
Date:	23/8/2024
Primary Diagnosis:	ded
Secondary Diagnosis:	ede
PCP Name:	ded
Other Physician Name:	edee

CNA3

Past History:	dwqddewd
Lives Alone (Yes):	Yes
Lives Alone (No):	No
Family Composition:	wd
Legal Next of Kin:	dee
Telephone:	deded
Caregiver Name:	ede
Address:	ede

CNA4

Personal Care:	Yes
Mobility:	Yes
Med Admin:	No
Meals:	No
Environment:	No
Procedures:	No
Caregiver Name:	ded
Days Time Available:	ded
Comments:	ed

CNA5

Living Will:

Provisions: noMechVent

ADLs:

Safety Hazards: safeStorage

NeuroMental Status:

Comments:

Functional Limitations

Amputation:

Bowel Incontinence: No

Contracture: No

Hearing: No

Paralysis: No

Endurance: No

Ambulation: No

Speech: No

Vision: No

Poor Manual Dexterity: No

Legally Blind: No

Dyspnea: No

Poor Hand-Eye Coordination: No

Unsteady Gait: No

Poor Balance: No

Other:

Activities Permitted

Complete Bedrest: No

Bedrest BRP: No

Up As Tolerated:	No
Transfer Bed To Chair:	No
Independent In Home:	No
Other:	

Fall Precaution

Risk Of Fall:	No
Fall Precaution Education Provided:	No

Assistive Device

Cane:	No
Quad Cane:	No
Walker:	No
Rolling Walker:	No
Crutches:	No
Regular Wheelchair:	No
Electric Wheelchair:	No
Other:	

Equipment

Hospital Bed:	No
Commode:	No
Hoyer Lift:	No
Nebulizer:	No
Bath Chair:	No
Apnea Machine:	No
Oxygen Concentrator:	No
Other:	

Device Equipment Needed At Home:

Skin Assessment

Client Denies Problems: No

Color

Normal: No

Pink: No

Pale: No

Cyanotic: No

Jaundiced: No

Temperature

Hot: No

Warm: No

Cool: No

Condition

Dry: No

Moist: No

Ecchymosis: No

Rash: No

Petechie: No

Itch: No

Redness: No

Bruises: No

Scaling: No

Comment: N/A

Open Wound Location:	N/A
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Describe:	N/A
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Skin Problems

Lesion:	No
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Scaling:	No
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Wound:	No
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Ulcer:	No
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Incision:	No
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Petechie:	No
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Rash:	No
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Ostomy:	No
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Cyst:	No
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Masses:	No
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Itch:	No
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Other:	No
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Describe:	N/A
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Pain Assessment

Area of Pain:	dsc
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Pain is Better With:	dc
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Pain is Worse With:	dc
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Medication:	cd
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Ambulation

Unable to Do:	N/A
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Minimal Assistance:	N/A
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Moderate Assistance:	N/A
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Maximal Assistance:	N/A
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Independent:	N/A
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Stairs

Unable to Do:	N/A
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Minimal Assistance:	N/A
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Moderate Assistance:	N/A
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Maximal Assistance:	N/A
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Independent:	N/A
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Dressing

Unable to Do:	N/A
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Minimal Assistance:	N/A
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Moderate Assistance:	N/A
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Maximal Assistance:	N/A
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Independent:	N/A
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Feeding

Unable to Do:	N/A
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Minimal Assistance:	N/A
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Moderate Assistance:	N/A
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Maximal Assistance:	N/A
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Independent:	N/A
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Household Tasks

Unable to Do:	N/A
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Minimal Assistance:	N/A
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Moderate Assistance:	N/A
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Maximal Assistance:	N/A
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Independent:	N/A
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Transfer

Unable to Do:	N/A
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Minimal Assistance:	N/A
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Moderate Assistance:	N/A
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Maximal Assistance:	N/A
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Independent:	N/A
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Self Care

Unable to Do:	N/A
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Minimal Assistance:	N/A
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Moderate Assistance:	N/A
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Maximal Assistance:	N/A
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Independent:	N/A
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Toileting

Unable to Do:	N/A
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Minimal Assistance:	N/A
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Moderate Assistance:	N/A
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Maximal Assistance:	N/A
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Independent:	N/A
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CNA10 Information

Review:	Services provided
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CNA Name:	dee
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CNA Signature:	de
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Date:	Thu Aug 29 2024
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Comments:	de
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Client Information

Date:	Saturday, 08/31/2024, 05:30 AM
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Admission Date:	Friday, 08/23/2024, 05:30 AM
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Client:	dd
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Phone:	678798
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Date of Birth:	Friday, 08/30/2024, 05:30 AM
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SSN:	ed
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Age:	-1
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Race:	ed
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Sex:	de
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Emergency Contact:	de
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Emergency Relationship:	de
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Emergency Phone:	de
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Responsible Party:	dee
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Responsible Phone:	ed
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Advance Directive:	Yes
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Advance Directive Copy on File:	Yes
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DNR:	Yes
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DNR Copy on File:	Yes
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POA:	No
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POA Copy on File:	Yes
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POA Name:	edde
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Primary Language:	dded
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Cultural Customs:	ded
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Other Comments:	de
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Nursing Assessment - General Information

Admitted From:	ds
Allergies:	sds
Diagnosis:	ds
Chief Complaints:	dsd
Reason for Admission:	sds
Home Social:	sds
Hospital Stays:	sdsdd
Comments:	sdsd

Patient Information

Patient Name:	N/A
Date of Birth:	N/A
Temperature:	xsx
Blood Pressure (Sitting):	sx
Blood Pressure (Standing):	xsxx
Pulse:	xs
Respiration:	sxs
Height:	sxs
Weight:	xsxsx

Nursing Assessment

Intensity:	N/A
Location:	N/A
Duration:	N/A
Controlled:	N/A
Controlled By:	N/A
Comments:	N/A
Denies Problems:	No

Nursing Assessment - Sensory

Eyes: N/A

Right Eye (R): N/A

Left Eye (L): N/A

Nose: N/A

Oral: N/A

Throat: N/A

Ears: N/A

Comments: N/A

Denies Problems: No

Nursing Assessment - Neurological

Neurological Findings: N/A

Comments: N/A

Denies Problems: No

Nursing Assessment - Skin

Color: N/A

Temperature: N/A

Turgor: N/A

Condition: N/A

Comments: N/A

Nursing Assessment - Edema and Pacemaker Settings

Selected Options: N/A

Edema: N/A

Pacemaker Setting: N/A

Date Checked: N/A

Comments: N/A

Denies Problems:	No
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Nursing Assessment - Gastrointestinal

Gastrointestinal Options:	N/A
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Bowel Sounds:	N/A
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Ostomy Type:	N/A
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Comments:	N/A
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Denies Problems:	No
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Nursing Assessment - Genitourinary

GU Options:	N/A
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Catheter Type:	N/A
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Catheter Size (F):	N/A
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Catheter Size (CC):	N/A
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Comments:	N/A
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Denies Problems:	No
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Nursing Assessment - Respiratory and Symptoms

Denies Problems:	No
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Lung Auscultation - Clear:	No
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Lung Auscultation - Left:	No
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Lung Auscultation - Right:	No
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Lung Auscultation - Inspiratory/Expiratory:	No
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Lung Auscultation - Capillary Nail Refill:	No
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Symptoms - Dyspnea:	No
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Symptoms - SOB at Rest/Exertion:	No
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Symptoms - Orthopnea:	No
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Symptoms - Cough:	No
Symptoms - Hemoptysis:	No
Symptoms - Labored Breathing:	No
Symptoms - Sputum:	N/A
Spectrum Color:	N/A
Oxygen Options:	N/A
Comments:	N/A

Nursing Assessment - Comprehensive

Mental Status:	N/A
ADLs:	N/A
IADLs:	N/A
Special Equipment:	N/A
Safety Measures:	N/A
Functional Limitations:	N/A
Activities Permitted:	N/A
Social Activities:	N/A
Prognosis:	undefined: undefined
Other Comments:	N/A

Wound Assessment

Location:	, , ,
Stage:	, , ,
Length:	, , ,
Width:	, , ,
Depth:	, , ,
Drainage:	, , ,
Tunneling:	, , ,

Odor:	, , ,
Surrounding Tissue:	, , ,
Edema:	, , ,

Nursing Assessment - Respiratory

Lung Auscultation Options:	N/A
Capillary Nail Refill:	N/A
Oxygen Flow:	N/A
Oxygen Type:	N/A
Tracheostomy Site:	N/A
Tracheostomy Suctioning:	N/A
Tracheostomy Frequency:	N/A
Ventilator Setting:	N/A
Ventilator Volume:	N/A
Ventilator Rate:	N/A
Nebulizer Treatment:	N/A
Nebulizer Medication:	N/A
Sputum Color:	N/A
Sputum Amount:	N/A
Comments:	N/A
Denies Problems:	No

Nursing Form 1 - Patient Details

Patient Name:	C
Date of Birth:	2024-08-29
Temperature:	N/A
Blood Pressure (Sitting):	N/A
Blood Pressure (Standing):	N/A
Pulse:	N/A

Respiration Rate: N/A

Height: N/A

Weight: N/A

Blood Sugar: N/A