

**NEW YORK CITY COLLEGE OF TECHNOLOGY**  
**DEPARTMENT OF NURSING**

Date: \_\_\_\_\_

<p><b>STUDENT</b></p> <p>_____</p> <p>Client _____</p> <p>Room _____</p> <p>Age _____</p> <p>D.O.B _____</p> <p>Diagnosis _____</p> <p>_____</p>	<p><b>TREATMENT</b></p> <p>Diet _____</p> <p>Activity Level _____</p> <p>IV's _____</p>	<p><b>MEDICATIONS</b></p>
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