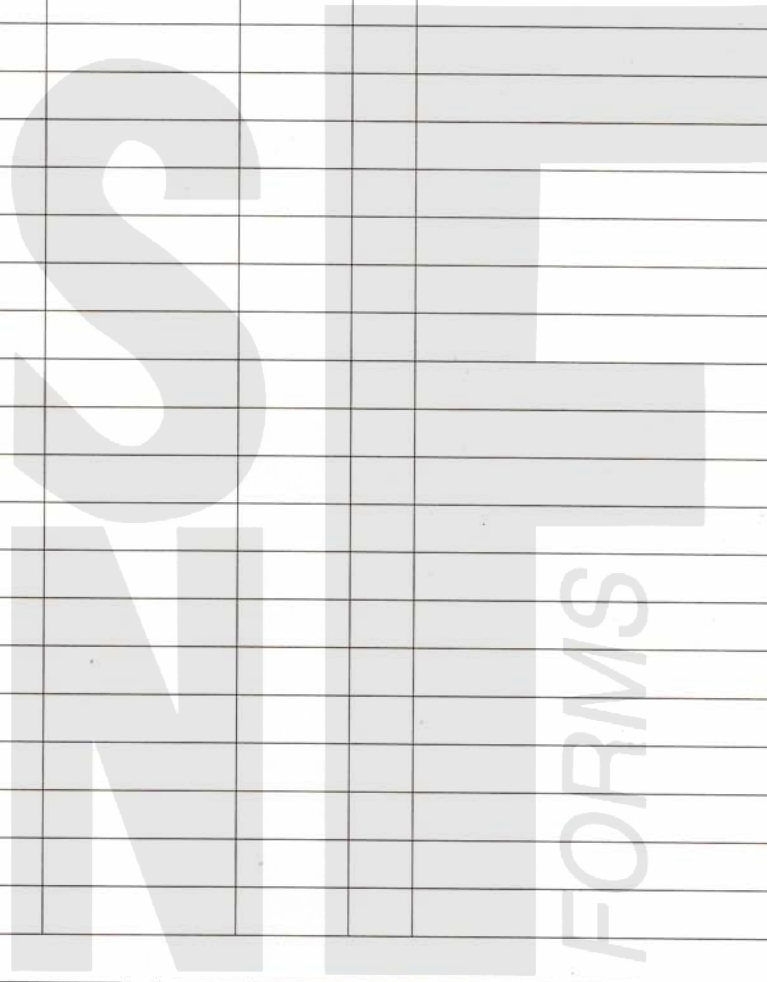| Date	Prob #	Problem/Strength	Pt. Goals	Target Date	App Letter	Approach/Plan	By Whom	Initial	Date Dcd. Resvid.

LAST NAME	FIRST NAME	ATTENDING PHYSICIAN	MED. REC. NO.	ROOM NO.

PATIENT CARE CONTINUATION SHEET

Page _____

Date	Prob #	Problem/Strength	Pt. Goals	Target Date	App Letter	Approach/Plan	By Whom	Initial	Date Dcd. Resvid.

INITIAL	SIGNATURE	INITIAL	SIGNATURE	INITIAL	SIGNATURE

LAST NAME	FIRST NAME	ATTENDING PHYSICIAN	MED. REC. NO.	ROOM NO.

PATIENT CARE PLAN