VITAS

Plan of Care File

Addendum Interdisciplinary Note

Updated Comprehensive Assessment

Patient Name:____________________________ **Patient #:**__________________ **Date of Visit / Shift**____________

Professional Staff CC/IPShift Care Addendum

Describe Problem(s) / Symptom(s)	Time(s)	Pharmacological Intervention(s)	Non Pharmacological Intervention(s)	Time(s)	Response to Care/ Evaluation

Print Name: ____

Signature: ____ Title:________ Date: ___________

CPI Data Entry Entered By____________________________ CPI Data Entry Verified By____________________________