## **Diagnosis List**

Today's Date: 5/16/22 DOB: 8/2/ Room Number: **Patient Name:** Admission Date: 5/9/22 Facility: **Admit Diagnosis: Community Acquired Pneumonia** Other Diagnosis: Нурохіа Acute respiratory failure with hypercapnia and hypoxia CHF Sarcopenia Dysphagia Aspiration Cardiomyopathy A Flutter Severe Spinal Stenosis **Aortic Insufficiency** History of falls Moderate protein malnutrition PVD Spondylosis CAD **Diverticulosis** Scoliosis HLD Afib Anxiety Depression

en OlD

**Physician Signature:** 

Date: \$16/22