

Name of Patient/Client: _____ Male Female Age: _____

Goals of Care: Patient will be free from injury Patient will receive assistance with ADLs/IADLs

Other: _____

(Check appropriate interventions, write specifics as needed)

Nutrition Type of Diet _____ Plan /Prepare Meals/Snacks Serve Meals
 Assist with Eating Offer Fluids Fluid Restriction Thicken Fluids

Body Mechanics/Mobility

Transfer: Assist Stand/Pivot Sliding Board Bedrest Hoyer

Ambulation: Assist Cane Wheelchair Walker Crutches
 ROM/HEP Apply Orthopedic Device
 Other _____

Personal Care/Assistance with ADLs

Bathing: Tub Shower Bed Chair Shower Bench
 Hand Held Shower Other _____

Hair: Comb/Brush Shampoo Condition

General: Dress Shave Skin Care/Grooming _____

Oral Hygiene: Clean Dentures Brush Teeth Mouthwash Oral Swabs

Toileting: Assist to Commode/Toilet Assist with Bedpan/Urinal Catheter Care
 Empty Catheter/Drainage Bag Diapers/Depends Other _____

Homemaking: Shop Straighten Clean Bathroom after use Clean Kitchen after Meal Prep
 Make Bed Change Bed Linen Personal Laundry Medication Reminder Assistance
 Other _____

Other/Record: Temp A/O Intake/Output Pulse B/P Respiration Observe Universal Precautions
Call office immediately for any fall, loss of consciousness, injury, oral temp above _____, pulse above _____ or below _____.

Safety Instructions: _____

Infection Control Instructions: _____

Special Instructions:	Dates:	Reviewed By:	For Period:
Other: _____			

Prepared By: _____ Date: _____

Patient/Responsible Party Signature: _____

Relationship to Client: _____

Physician Name: _____

Physician Signature: _____ Date: _____