

New Client

Care Consultants for the Aging

Client Information:

Name: New Client	ID: 255	Telephone:
Address:	Birth Date:	Age:
	Sex:	Marital Status:
Admission ID: 259	Start of Care: 11/1/2017	Referral Contact:
Em. Contact:	Em. Relation:	Em. Telephone:
Travel Directions:		

Diagnosis Information:

Description:
Notes:

Service Plan:

Special Instructions:
Activities:
Other Instructions:

Household Services **Notes**

Change Bed Linens	
Dishes	
Dust	
Laundry	
Maintain Bathroom cleanliness	
Maintain Kitchen cleanliness	
Pet Care	
Provide Transportation	
Sweep/Mop Floors	
Trash Disposal	
Vacuum	

Meal Planning & Preparation **Notes**

Assist with Liquids	
Assist with Meals/Snacks	
Diabetic Diet	
Feed Meals/Snacks	
Make Meals/Snacks	
Remind to Take Liquids	
Shopping/Errands	
Special Diet	

New Client

Care Consultants for the Aging

<u>Medical Care</u>	<u>Notes</u>
Assist PT/OT Exercise	
Assist with CPAP	
Assist with Hoyer	
Assist with Transfer Board	
Blood Pressure Check	
Blood Sugar Test Reminders	
Breathing Treatments	
Dementia	
Heart Check	
Hospice/Service Providers	
Insulin Shot Reminders	
Medication Administration/Reminders	
NO CODE - DNR	
Oxygen	
Reposition in bed	
Temperature	
Tube Feed Administration/Reminders	
Vital Signs	

<u>Personal Care</u>	<u>Notes</u>
Assist to Bathroom	
Assist to Commode	
Assist to Urinal/Bedpan	
Assist Transfers	
Assist Walking	
Assist Wheelchair	
Assist with Dressing AM/PM	
Assist with TED Hose	
Bath/Shower	
Bed/Sponge Bath	
Companionship	
Daily Routine	
Empty Catheter/Colostomy Bag	
Hair Care	
Hearing Aids/Glasses	
Incontinence Care	
Nail Care	
Oral Care	
Shampoo Hair	
Shave	
Skin Care	
Take for a Walk	

Signature

Date

Date