

Med. Record #: _____ Room #: _____ Res. Name: _____

Address Me by (nickname, etc.): _____

Birthday: _____

Religious Pref.: _____

Spouse: _____

Spouse location: _____

Other key family/friends: _____

Hometown: _____

Education: _____

Military (branch/details): _____

Occupation: _____

Likes, Hobbies (dislikes) : _____

Photo Here

Meals: MDR - 1st 2nd 3rd B-core – Main C D

Diet Specifics: _____

Diabetic: Yes or No Dysphagia: Yes or No

Feeds self: Yes or No Cueing: Yes or No

Food Likes/Dislikes: _____

Bathing: Prefers Bath or Shower (see schedule)

Time bathing preferred: Morn Aftn Eve Noc

Has P.R.N. available for bathing: Yes or No

Sleep: Sleeps well: Yes or No _____

Typical rise time: _____

Typical bed time: _____

Naps: Yes or No _____

Positioning details: _____

Do's and Don't's (triggers) : _____

All direct care staff may utilize this tool

Most recent update (initials/date): _____

Wears: ___Glasses ___Hearing Aids

Dentures: ___Upper ___Lower ___Partial

Electric Razor: Yes or No (where) _____

Speech: Difficulty: Yes or No _____

Toileting: Uses a urinal: Yes or No

Continent of Bowel: Yes or No

Continent of Bladder: Yes or No

Foley Texas Bed bag Leg bag _____

Toileting Plan: Yes or No _____

Details of plan: _____

Clothing: Dresses self: Yes or No _____

Identify specific: Independ. Assist. Complete

___Comb hair ___Brush teeth ___Shaves

___Don shirt ___Pants ___Socks ___Shoes

Wears: PJ's - Y or N Underwear – Y or N

Restorative: Current: Yes or No _____

All updates to be placed in PENCIL only

Form first initiated by (initials/date): _____