

Please use this plan of care to help define your caregiver expectations and to help guide the care of your loved one. We recommend you provide a copy for us to share with your caregiver and potential future caregivers.

- Patient \_\_\_\_\_
- Primary Patient Contact/Relationship \_\_\_\_\_
- Primary Contact Cell: \_\_\_\_\_
- Patient Diagnosis/ Primary Health Concerns \_\_\_\_\_

## Circle commonly requested tasks below

### Activities Of Daily Living

- Ambulation
- Bathing
- Continence
- Dressing
- Feeding
- Toileting
- Transfers

### Homemaking

- Casual Cosmetic Assistance
- Companionship
- Laundry
- Light Housekeeping
- Make/Change Bedding
- Meal Prep
- Med Reminder
- Monitor For Stability
- Stabilize when walking

### Additional Activities

- Range Of Motion
- Exercise And Activity
- Vitals (BP, Temp, Pulse)
- TED Hose (On/Off)
- Pet Care
- Shopping
- Trash/Recyclables

Brief patient narrative: (Please feel free to include history, likes/dislikes, specific caregiver requests, good activities to consider.)

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**Need help? Just call 239-590-0861**