EXCEL HEALTH CARE SERVICES

CLIENT: **CLIENT CARE CARD** **PRECAUTION**

PHYSICAL NEEDS: ☐ Vision ☐ Normal ☐ Impaired ☐ Blind ☐ Right ☐ Left ☐ Glasses ☐ [Clean Daily] ☐ Hearing ☐ Normal ☐ Impaired ☐ Impaired ☐ Right ☐ Left ☐ Hearing Aid ☐ Staff Care ☐ Paralysis ☐ Right ☐ Left ☐ Weakness ☐ Right ☐ Left ☐ Amputation ☐ Right ☐ Left ☐ Device _____	**NUTRITION:** ☐ NPO ☐ Aspiration Precautions ☐ Thickened Liquids ☐ Feeds Self ☐ Prepare Tray ☐ Assist ☐ Must be Fed ☐ Tube Fed ☐ HOB ☐ Degree ____ ☐ Adaptive Device ☐ Dentures ☐ Upper ☐ Lower ☐ Fluids ☐ Encourage ☐ Restrict ☐ Meals ___ B _____L _____D (R) RM (FDR) FL Dinning Rm. (SD) Soc. Din (RD) Restorative Dinning Teaching _____	**AMBULATION/MOBILILTY:** ☐ Independent Ambulation ☐ Independent Transfer ☐ Assist of ☐ 1 ☐ 2 ☐ Mech. Lift ☐ Ambulate ☐ OD ☐ BID ☐ TID ☐ Wheelchair ☐ Geri Chair ☐ Walker ☐ Cane ☐ Brace ☐ Bed Rest ☐ Bed to Chair ☐ Position q _____HR ☐ Range of Motion _____OD q Shift ☐ Other _____
ELIMINATION: ☐ Continent - Self care ☐ Incontinent ☐ Incontinent Brief ☐ Size Large__ ☐ Foley ☐ Texas ☐ Leg Bag ☐ I & O ☐ Toilet q _____ HR ☐ Bladder ☐ Bowel program	**ACTIVITIES OF DAILY LIVING (ADL):** ☐ Independent (Self –Care) ☐ Assist with personal hygiene ☐ Total Care by staff ☐ Shower ☐ Tub ☐ Bed Bath ☐ Shampoo ☐ Beauty Parlor ☐ Shave ☐ Nail ☐ Hair ☐ Oral Care ☐ Special Care ☐ Teaching _____	**SKIN CARE:** ☐ Normal Skin Care ☐ Preventative Skin Care _____ ☐ Hand rolls ☐ Air mattress ☐ H20 mattress ☐ Chair Pad ☐ Treatment @ _____ (Time) ☐ Protectors ☐ Heel ☐ Elbow ☐ Other ☐ Special Care _____
SAFETY: ☐ Restraint free alarm ☐ Side rails up ☐ Night only ☐ Restraint ☐ Type ☐ When _____	**LIKES/DISLIKES** ☐ Daytime Nap ☐ Time _____ ☐ Bed Time ☐ Other _____	**OTHER CONCERNS:** ☐ IV ☐ PT ☐ OT ☐ Speech