Name: Likes to be called:

Communicates by:
How client communicates yes and no
Words or actions that mean the client is happy or that show pain or discomfort

Sensory problems:
Hearing, vision, touch, taste or smell problems

Sensitivities/Triggers:
Things that trigger discomfort or aggressive behavior

Behaviors
Typical aggressive behaviors and how to respond to them

Activity/Mobility
Describe how client moves and if client needs help transferring

BM/Voiding Patterns:
Constipation, diarrhea, incontinence, urgency
Urinary continence or incontinence, use of urinal, urgency

Sleep:
Explain sleep problems and what works best

Chewing/Swallowing Issues:
List any issues and what works to help them
Thickened liquids? Cut up foods?

Food/Fluid Preferences:
Food and drinks client likes best
Food and drinks client refuses

Food/Fluid Allergies:
Allergies or sensitivities

Contact List

First Contact
Name (Relationship): Phone number

Second Contact
Name (Relationship): Phone number

Third Contact
Name (Relationship): Phone number

Fourth Contact
Name (Relationship): Phone number