

# Client Directed Care Plan

This form is designed to help you direct your care as desired. It lists common services allowed by law. It is not intended to be all inclusive, but to serve as a guideline, for you and your caregiver.

Patient: \_\_\_\_\_

## Activities Of Daily Living

Service Requested	Comments & Special Instructions
<input type="checkbox"/> Ambulation	
<input type="checkbox"/> Bathing	
<input type="checkbox"/> Dressing	
<input type="checkbox"/> Eating	
<input type="checkbox"/> Toileting	
<input type="checkbox"/> Transfers	
<input type="checkbox"/> General Notes:	

## Homemaking

Service Requested	Comments & Special Instructions
<input type="checkbox"/> Casual Cosmetic Assist	
<input type="checkbox"/> Companionship	
<input type="checkbox"/> Escort Client To App.	
<input type="checkbox"/> Laundry	
<input type="checkbox"/> Light Housekeeping	
<input type="checkbox"/> Make/Change Bedding	
<input type="checkbox"/> Meal Prep	
<input type="checkbox"/> Med Reminder	
<input type="checkbox"/> Shopping	
<input type="checkbox"/> Stabilize When Walking	
<input type="checkbox"/> General Notes:	

## Patient Details/Requests

<input type="checkbox"/> Allergies	<input type="checkbox"/> Forgetful/Confused		
<input type="checkbox"/> Bed Bound	<input type="checkbox"/> Hearing Deficit		
<input type="checkbox"/> Communication Deficit	<input type="checkbox"/> Pet Care		
<input type="checkbox"/> Dentures	<input type="checkbox"/> Seizure History		
<input type="checkbox"/> Diabetes History	<input type="checkbox"/> Speech Deficit		
<input type="checkbox"/> Fall Risk	<input type="checkbox"/> Vision Deficit		