ADULT FAMILY CARE OF THE NORTH SHORE

logs@afcns.com

CLIENT NAME: _____ **MONTH/YEAR:_____**

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Activities of Daily Living (ADL) Use codes: 0-Independent (no help needed), 1-Set up, 2-Cueing and Supervision, 3-Physical Assist, 4-Dependent, 8-Activity did not occur																															
	When using code 2 or 3 (cueing and supervision and/or physical assistance) it needs to occur throughout the task																														
Transferring																															
Mobility (at home)																															
Mobility (outside of home)																															
Dressing upper body																															
Dressing lower body																															
Eating																															
Bathing																															
Toileting/Incontinence Care																															
Behavior requiring intervention: please place a check mark on the day behavior occurs. Use back for comments.																															
Wandering																															
Verbally abusive																															
Physically abusive																															
Socially inappropriate behavior																															
Resists care																															
Other																															
Other: Check all that occurred																															
Medical leave of absence																															
Non-medical leave of absence																															
Respite/alternate care																															
Day Program/School Attendance																															
AFC visit																															
Caregiver Initials																															
Please check off if comments on back (note medical appts on back)																															
RN Signature _____Review Date_____CM Signature_____Review Date_____Level_____																															
By signing this document I certify under pains and penalty of perjury that to the best of my knowledge the client named above is not enrolled in PCA or Group Adult Foster Care.																															
Primary Caregiver Signature: _____																															
Alternate Caregiver Signature (if applicable): _____																															

CLIENT NAME:_____ **MONTH/DATE:**_____

Description of Activities of Daily Living (ADL)

Transferring: member must be assisted or lifted to another position;

Mobility at home: (ambulation) - member must be physically steadied, assisted, or guided during ambulation indoors or is unable to self-propel a wheelchair appropriately without the assistance of another person;

Mobility outside the home: (ambulation) - member must be physically steadied, assisted, or guided during ambulation outdoors or is unable to self-propel a wheelchair appropriately without the assistance of another person;

Dressing upper: on/off from waist up, including street clothes and undergarments, but not solely help with shoes, socks, buttons, snaps, or zippers; Includes prostheses and orthotics.

Dressing lower: on/off from waist down, including street clothes and undergarments, but not solely help with shoes, socks, buttons, snaps, or zippers; Includes prostheses and orthotics.

Eating: if the member requires constant supervision and cueing during the entire meal, or physical assistance with consuming a portion or all of the meal.

Bathing: a full-body bath or shower or a sponge (partial) bath that may include washing and drying of face, chest, axillae (underarms), arms, hands, abdomen, back and peri-area that may include personal hygiene such as: combing or brushing of hair, oral care (including denture care and brushing of teeth), shaving, and, when applicable, applying make-up;

Toileting/incontinence care: member is incontinent (bladder or bowel) or requires assistance or routine catheter or colostomy care.

Description of Behavior Problems

Wandering: Moving with no rational purpose seemingly oblivious to needs or safety.

Verbally Abusive Behavior: Threatening, screaming or cursing at others.

Physically Abusive Behavior: Hitting, shoving or scratching.

Socially Inappropriate Behavior: Disruptive sounds, noisiness, screaming, self-abusive acts, disrobing in public, smearing or throwing feces, rummaging, repetitive behavior or causing general disruption.

Resists Care

COMMENTS- Please note any medical appointments, behavioral incidents, important events, etc:

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