



MY DAILY CARE NEEDS

I prefer to be called:

My goals for my care:

Keeping me safe

My Challenges

My Strengths

Date:

Initiated by:

Reviewed by:

I communicate:

Things That I Find Calming:

My transfer, mobility needs and personal devices I use:

Date:

Initiated by:

Reviewed by:

I need to look good and feel good by (personal health):

I enjoy my meals by:

My spa day:

Date:

Initiated by:

Reviewed by:

I like to rest and sleep:

Things I Love to Do:

To bring me comfort, I need:

My Life and Family

Date:

Initiated by:

Reviewed by: