



PARTNER WITH ME

NAME _____

Personal Info

Call me: _____

Former occupation: _____

Language spoken: _____

Avoid excess questions? Yes No

I'm able to use a call light? Yes No

Hygiene

Observe Assist

Cues _____

Shower Bath

Every ____ day(s) ____ AM ____ PM

Dentures

Sleep

To bed at: _____

Up at: _____

Daytime naps: yes no

Problems: _____

Comfort measures: _____

Activity

Walks independently

Needs help

Walker

Cane

Wheelchair

Dresses: self w/assist

Nutrition

____ Meals/day

Glass

Mug

Feed

Straw

Prep Tray

Utensils

Finger Food

Snacks

Medications

Takes pills easily

Mix with food

Crushed

Type of fluids _____

Cues _____

Toileting

Independent Briefs

Cues _____

At night ____ times

Daytime ____ times

Behavior/Mood

Happy

Sad

Irritable

Impatient

If I'm upset, I get _____

What helps me to calm down is _____

I like to

Watch TV

Favorite shows _____

Listen to radio

Look at magazines

Have books/magazines read to me

Socialize

My favorite topics _____