



NAME _____

Partner With Me

<p>Personal Info</p> <p>Call me: _____</p> <p>Former occupation: _____</p> <p>Language spoken: _____</p> <p>Best to avoid a lot of questions? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>I'm able to use a call light? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>Hygiene</p> <p><input type="checkbox"/>Observe <input type="checkbox"/>Assist</p> <p>Cues _____</p> <p><input type="checkbox"/>Shower <input type="checkbox"/>Bath</p> <p>Every ___ day(s) ___AM ___PM</p> <p><input type="checkbox"/>Dentures</p>
<p>Sleep</p> <p>To bed at: _____</p> <p>Up at: _____</p> <p>Daytime naps: <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>Problems: _____</p> <p>Comfort measures: _____</p>	<p>Activity</p> <p><input type="checkbox"/>Walks independently</p> <p><input type="checkbox"/>Needs help</p> <p><input type="checkbox"/>Walker</p> <p><input type="checkbox"/>Cane</p> <p><input type="checkbox"/>Wheelchair</p> <p>Dresses: <input type="checkbox"/>Self <input type="checkbox"/>w/assistance</p>
<p>Nutrition</p> <p>___ Meals/day</p> <p><input type="checkbox"/>Glass <input type="checkbox"/>Mug</p> <p><input type="checkbox"/>Feed <input type="checkbox"/>Straw</p> <p><input type="checkbox"/>Prep Tray <input type="checkbox"/>Utensils</p> <p><input type="checkbox"/>Finger Food <input type="checkbox"/>Snacks</p>	<p>Toileting</p> <p><input type="checkbox"/>Independent <input type="checkbox"/>Briefs</p> <p>Cues: _____</p> <p><input type="checkbox"/>At night ___ times</p> <p><input type="checkbox"/>Daytime ___ times</p>
<p>Behavior/Mood</p> <p><input type="checkbox"/>Happy <input type="checkbox"/>Sad</p> <p><input type="checkbox"/>Irritable <input type="checkbox"/>Impatient</p> <p>If I'm upset, I get _____</p> <p>What helps me to calm down is _____</p>	<p>I like to</p> <p><input type="checkbox"/>Watch TV</p> <p>Favorite shows _____</p> <p><input type="checkbox"/>Listen to radio</p> <p><input type="checkbox"/>Look at magazines</p> <p><input type="checkbox"/>Have books/magazines read to me</p> <p><input type="checkbox"/>Socialize</p> <p>My favorite topics _____</p>
<p>Medications</p> <p><input type="checkbox"/>Takes pills easily</p> <p><input type="checkbox"/>Mix with food <input type="checkbox"/>Crushed</p> <p>Type of fluids _____</p> <p>Cues _____</p>	