

Care Plan Preparation

Bring to the Meeting:

Power of Attorney Forms

Driver's license or picture ID

Insurance Cards

Social Security Card

Medication List

Current Physician Name, Clinic Name, Address, Phone, and Fax

Decisions to Make:

- 1) Primary Care Physician, stay with current physician and family provides transportation or switch to Indigo or Chronic Care to have on-site visits. This will require POA's signature on Authorization Form.
- 2) Pharmacy, stay with current pharmacy and request bubble packed medications and family will bring in medications or switch to Hometown Pharmacy and medications will be bubble packed and delivered. This will require a signature on pharmacy form.
- 3) MI-POST, pink form to specify Physician Orders for Scope of Treatment. This form requires POA and physician signatures.

Questions to Answer:

Name of Resident _____

Previous Name _____

Date of Birth _____ Marital Status _____

Main Contact _____ relationship _____

Mailing Address _____

Email Address _____

Phone number _____ Cell _____

Date of Admission _____ Religious Preference _____

Education Level _____ Military History _____

Previous Occupation _____

Additional Contacts _____

- 1) Is the resident able to go out into the community unattended by staff or family? _____
- 2) Can pictures be taken by staff and posted? _____
- 3) Can the resident communicate their needs? _____

- 4) Does the resident understand verbal communications? _____
- 5) Who manages funds? _____
- 6) Are there challenging Behaviors that are aggressive or sexual in nature? _____
- 7) Self-Injuries? _____
- 8) Appropriately uses alcohol/drugs? _____
- 9) Smokes? _____
- 10) Activities of interest: Stretching exercises, music programs, bible studies, wine and cheese party, burger and beer, off premise activities, Zumba, Adult Coloring Club, Bingo, Crafts, _____
- 11) Allergies _____

Activities of Daily Living

For each category indicate Independent, Needs supervision or oversight, needs set-up, needs assistance, or totally dependent.

- 1) Toileting: Adult depends, pull ups or taped or pads. Incontinent bowel or bladder, supplier of depends (Can be ordered through Hometown or supplied by family) Special equipment. Special medications or lotions. Gloves.
- 2) Bathing: Special soaps or shampoos. Time of day preferred. Shower Chair. Wash hair in shower?
- 3) Eating: Favorite foods, foods dislikes, food allergies, special diet, special request, special equipment, thickened fluids. Supplements? Change in diet or weight. Difficulty swallowing, clothing protectors.
- 4) Grooming:
 - A) Hair Care: On-site beautician will bill directly.
 - B) Oral hygiene: dentures upper or lower, real teeth, special paste
 - C) Shaving: Electric razor,
 - D) Transferring: One or two person, mechanical lift, gait belt
 - E) Mobility: Walks independently, Walks independently with walker, Must be assisted by staff
 - F) Self-preservation
 - G) Skin, condition, bruising, wounds, special lotions, dryness, itching
 - H) Nail care: Finger nail care, \$15, toe nail care \$15, frequency. Family Care.
 - I) Dressing:
- 5) Weight _____ Height _____
- 6) Pain assessment: no pain, chronic pain, acute pain. Area. Relief measurements is place.

Good to Know

- 1) Label clothing with room # prior to move in and when bringing in additional items.
- 2) Please don't bring in wool clothing or fine clothing that would be damaged in hot water.
- 3) Cable is included
- 4) Phone is \$30. Per month for local and long distance.
- 5) Special Equipment and provide when applicable, wheelchair, walker, hospital bed, oxygen
- 6) Glasses, hearing aids, c-pap, etc.

