

**Mid-Shore Residential Care
& Services, Inc.
Cordova, MD**

**“Let Us Help”
In-Home Care Support Services
(410) 820-1131**

Client Name: _____

Date: _____

Supervisor Name: _____

Telephone: _____

Hours & Days of Service: _____

Physician’s Name: _____

Telephone: _____

The following services are indicated for client named above:

Personal Care/Frequency	Nutrition/Meal Preparation	Elimination
Bed bath _____ Tub bath _____ Shower _____ Oral hygiene _____ Shampoo _____ Shave _____ Skin care _____ Lotion/massage _____ Dressing activity _____ _____ Other _____ _____ _____ _____	Prepare breakfast _____ Prepare lunch _____ Prepare dinner _____ Prepare snack _____ at time _____ Force fluids _____ glasses and day _____ Special Diet (specify) _____ _____ Record food intake _____ Record fluid intake _____ Other _____ _____ _____	Toilet _____ Bedside commode _____ Bedpan _____ Urinal _____ Empty catheter drainage _____ _____ Empty ostomy appliance _____ _____ Record output _____ Other _____ _____ _____ _____
Activities	Treatments	Home Management
Ambulate ad lib _____ Ambulate w/ cane _____ Ambulate w/ walker _____ Ambulate w/crutches _____ Ambulate restriction _____ _____ Wheelchair activities _____ Transfer bed to chair _____ Up in chair _____ ROM Exercises to _____ times/day _____ Bedrest _____ Turn every _____ hours Other _____ _____ _____	Apply ice pack to _____ Supervise enema administration by client _____ Supervise medication administration by client at the following time of day _____ Take temperature O ____ or R ____ every _____ hours Pulse _____ Respiration _____ Weigh _____ Other _____ _____ _____ _____	Linen change _____ Laundry _____ Light housekeeping _____ Bathroom _____ Kitchen _____ Bedroom _____ Other _____ Grocery shopping _____ Other _____ _____ _____ _____ _____

Special Instructions/Safety Precautions: _____

In case of emergency, notify the following:

Ambulance, rescue squad, fire department telephone #: _____
 Police department telephone #: _____
 Agency telephone #: _____
 Relative or responsible adult _____