

Medication Administration Record

Medication

Date/Time	Amount	Comments

Medication

Date/Time	Amount	Comments

Medication

Date/Time	Amount	Comments

Mobility

The family member can walk (*check all that apply*):

- Unaided
- With a walker
- Using crutches
- With assistance
- With a cane
- With braces or splints

Prosthesis, describe:

Not at all, describe:

The family member uses a wheelchair (*please check all that apply*):

- Yes
- Manual
- Long distances only
- Pushes self short distances
- Sits unsupported

- No
- Power
- Pushes self always
- Does not push self
- Needs support to sit

To transfer the family member (*check all that apply*):

- Can transfer self independently
- Needs Standby assistance
- Needs Hoyer lift assistance

- Can support weight for transfer
- Needs support from other person
- Needs no other assistance

Instructions for transferring: _____

Adaptive Transportation Instructions: _____

Bedtime/Routines

Please explain the sleeping routine for this family member: _____

Toileting

Is the family member independent in using the bathroom? Yes No

Please list all toileting aids (*i.e. diapers, catheter, urinal, etc.*) _____

Would you like the family member's urine and/or stool monitored: Yes No

Instructions for toileting: _____

Behavior

General behavior: (*check all that apply*)

- | | |
|---------------------------------|--|
| Usually easy going | Physically aggressive |
| Shy/withdrawn | Self abusive |
| Wary of new situations | Overactive |
| Suicidal | Needs continuous direction/Supervision |
| Under-active | Verbally aggressive/demanding |
| Plays cooperatively with others | Other: _____ |

Please provide a description of the behaviors checked above:

Please describe situations or things that may frighten the family member:

What activities/daily routines are difficult for your family member?

How does the family member occupy his/her time?

How does your family member handle frustration?

What signals will your family member give to indicate that he/she is about to become upset?

How does the family member respond to new people?

How are likes and dislikes expressed?

What do you do to help your family member through a difficult situation?

Has the family member ever acted out sexually toward self or others that you are aware of? Yes No

If yes, please describe an instance of this behavior:

Other specific instructions, observations or comments:

Security and Emergency Information

Where is an extra key in case the respite provider is locked out?

Does your home have a security system? If so, what does the respite provider need to do to activate/deactivate the alarm?

Where can the following be located?

Telephone(s):

Thermostat:

Fuse box:

First aid kit/medical supplies:

Main water line on/off:

Household Rules

Are visitors allowed? If so, who?

Other information/rules:

Are there pets in the home? Describe pet care: