

JEWISH TRADITION HOME CARE

HOME HEALTH AIDE/HOMEMAKER COMPANION PLAN OF CARE

Patient Name _____

Address _____

Phone _____

ALLERGIES _____



Phone: (954) 485-4006

IN AN EMERGENCY

DOCTOR _____ Phone _____

FAMILY MEMBER _____ Daytime Phone _____

Evening Phone _____

FAMILY MEMBER _____ Daytime Phone _____

Evening Phone _____

PROVISIONS OF CARE

WEIGHT _____ MEAL PREPARATION _____

FEEDING _____ LAUNDRY / CHANGE LINEN _____

REMIND/ PT MEDS / SAFETY _____ GROCERY SHOPPING _____

BATH / SHOWER _____

SHAMPOO / SHAVE / DRESS _____ DRS' APPOINTMENTS _____

AMBULATION _____ FOLLOW UNIVERSAL PRECAUTIONS _____

OTHER _____ LIGHT HOUSEKEEPING _____

RN SIGNATURE _____ DATE _____ REVIEW DATE _____