TOP AID
HEALTHCARE, INC
CARE FOR HUMANITY

Top Aid Healthcare
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Care Plan Task

Patient Name _____ DOB _____

Address _____

Lives with _____ Phone Number _____

Category	Task	Daily	Weekly / Optional
Activities	Exercise Assistance		
	Assistance with Ambulation		
	Range of Motion		
	Assist with Transfer		
Personal Care	Assist with Dressing		
	Check pressure area		
	Hair Care or Comb Hair		
	Foot Care		
	Nail Care		
	Oral Care		
	Sponge Bath		
	Shampoo Hair		
	Shave		
	Skin Care		
	Shower Assist Level Supervision		
Toileting	Bathroom		
	Commode		
	Bedpan		
	Catheter Care		
	Empty Ostomy Bag		
IADL'S	Light House Keeping		
	Meal Prep		
	Laundry-Ironing		
	Encourage Fluids		
	Medication Reminder		
	Safe Smoking		
	ER # Posted		
	Grocery Shopping		

Nurses Name _____ Date _____

Signature _____