



## Behavior Profile

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✓	BEHAVIOR	NOTES
	Addiction - Alcohol	
	Addition - Drugs	
	Aggressive - Physically	
	Aggressive - Verbally	
	Agitated	
	Apathetic	
	Cognitive Problems	
	Confused	
	Demanding	
	Depression	
	Disorder - Paranoid	
	Disorder - Schizophrenic	
	Eating Disorder	
	Extraverted/Introverted	
	Forgetful	
	Frail	
	Hallucinations	
	Hearing - Deaf	
	Hearing - Impaired	
	Illiterate	
	Incontinent	
	Insomnia	
	Kleptomaniac	
	Lonely	
	Mentally Challenged	
	Obsessive Compulsive	
	Pain	
	Seizures	
	Sexual Expression	
	Speech - Impediment	
	Speech - Mute	
	Suicidal	
	Violent	
	Vision - Blind	
	Vision - Impaired	
	Wanders	

# Home Services Profile

HOME SERVICES			
<input type="checkbox"/> <b>Light Housekeeping</b> Notes: _____ _____ _____	<input type="checkbox"/> Dusting <input type="checkbox"/> Vacuum <input type="checkbox"/> Damp Mop <input type="checkbox"/> Change Bedding <input type="checkbox"/> Bathroom <input type="checkbox"/> General Tidying <input type="checkbox"/> _____	<input type="checkbox"/> <b>Pet Care</b> Notes: _____ _____	<div style="text-align: right; font-size: small;">name</div> <input type="checkbox"/> Dog _____ <input type="checkbox"/> Cat _____ <input type="checkbox"/> Fish _____ <input type="checkbox"/> Other _____
<input type="checkbox"/> <b>Laundry</b> Notes: _____ _____	<input type="checkbox"/> Wash <input type="checkbox"/> Dry <input type="checkbox"/> Iron <input type="checkbox"/> Fold <input type="checkbox"/> Put Away	<input type="checkbox"/> <b>Basic Personal Care</b> Notes: _____ _____ _____ _____	<input type="checkbox"/> Medicine Reminder <input type="checkbox"/> Dressing <input type="checkbox"/> Bathing <input type="checkbox"/> Hairdressing <input type="checkbox"/> Makeup <input type="checkbox"/> Washing <input type="checkbox"/> Shaving <input type="checkbox"/> Nail Care <input type="checkbox"/> _____ <input type="checkbox"/> _____
<input type="checkbox"/> <b>Meal Preparation</b> Notes: _____ _____ _____	<input type="checkbox"/> Meal Planning <input type="checkbox"/> Preparation <input type="checkbox"/> Cooking <input type="checkbox"/> Serving <input type="checkbox"/> Wash Dishes <input type="checkbox"/> Pre-Cooked Meals	<input type="checkbox"/> <b>Attendant</b> Notes: _____ _____	<input type="checkbox"/> Shopping <input type="checkbox"/> Appointments <input type="checkbox"/> Friends <input type="checkbox"/> Activities
<input type="checkbox"/> <b>Home Basics</b> Notes: _____ _____ _____	<input type="checkbox"/> Gardening <input type="checkbox"/> Lawn <input type="checkbox"/> Snow <input type="checkbox"/> _____ <input type="checkbox"/> _____	<b>Other:</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<b>Notes:</b> _____ _____ _____ _____

**Housekeeping Notes:**

- Living Room \_\_\_\_\_
- Dining Room \_\_\_\_\_
- Kitchen \_\_\_\_\_
- Family Room \_\_\_\_\_
- Master Bed \_\_\_\_\_
- Ensuite \_\_\_\_\_
- Bedroom 1 \_\_\_\_\_
- Bedroom 2 \_\_\_\_\_
- Bedroom 3 \_\_\_\_\_
- Bathroom 1 \_\_\_\_\_
- Bathroom 2 \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

**Dietary Profile**

**Meal Preferences**

Does the client have any food allergies? Yes  No  Client Initials \_\_\_\_\_

If yes, please list them below.

BREAKFAST Usual Time:	LUNCH Usual Time:	SUPPER Usual Time:	SNACKS Usual Times:
<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
<p>Notes:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Notes:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Notes:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Notes:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

FOOD & BEVERAGE ALLERGIES	FOOD & BEVERAGE DISLIKES	FOOD PREPARATION NOTES
<input type="checkbox"/> Peanuts <input type="checkbox"/> Shell Fish <input type="checkbox"/> Dairy Products <input type="checkbox"/> Flour <input type="checkbox"/> Eggs <input type="checkbox"/> Citrus <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <p>Notes:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <p>Notes:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

# Routine Profile

## Daily routine by the hour.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
6am							
7am							
8am							
9am							
10am							
11am							
Noon	Noon	Noon	Noon	Noon	Noon	Noon	Noon
1pm							
2pm							
3pm							
4pm							
5pm							
6pm	6pm	6pm	6pm	6pm	6pm	6pm	6pm
7pm							
8pm							
9pm							
10pm							
11pm							

## Monthly routine by the week of the month or the day of the month.

	WEEK 1	WEEK 2	WEEK 3	WEEK 4	DAY	ACTIVITY
M		M		M		
T		T		T		
W		W		W		
T		T		T		
F		F		F		
S		S		S		
S		S		S		

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Signed \_\_\_\_\_

Date \_\_\_\_\_