

We provide to the listed patient the following services:

SECTION 4: continued

Patients Name:

(Check which items apply to the patient)

- Preparation of meals & snacks**
- House cleaning & trash removal**
- Laundry**
- Grooming**
- Ambulation**
- Bathing**
- Dressing**
- Medication management**
- Toileting**
- Feeding**
- Blood pressure monitoring**
- Blood sugar monitoring**
- Shopping for clothing**
- Shopping for daily supplies (toiletries, personal items)**
- Transportation arrangement**
- Carrying out health care provider instructions**
- Carrying out nutritional instructions**
- Arrange for social services**
- Arrange for outings and walks**
- Social interactions**
- Arts & crafts**
- Physical fitness**
- Safety check**
- Pay bills**

Additional Services provided:

I certify the above statements are true & correct to the best of my knowledge & belief.

Signature of facility administrator or care provider

Date