

Mobility & Personal Care

Last updated: _____

For anyone helping with moving, bathing, dressing and daily care. Fill in by hand and update it whenever needs change.

Name of the person I support: _____ Emergency contact & phone: _____

MOBILITY

Walking — level of help or supervision: ☐ Independent ☐ Standby ☐ Hands-on help ☐ Not walking

Aids used: ☐ Cane ☐ Walker ☐ Wheelchair ☐ Other: _____

Where aids are kept: _____

Notes on walking (distance, pace, what helps): _____

Weight-bearing restrictions, if prescribed—copy exact wording: _____

TRANSFERS

Transfer	Level of help	How to help (steps, cues, what to avoid)
Bed		
Chair		
Toilet		
Car		
Other:		

Follow the current care plan or therapist's instructions. Do not attempt a lift or transfer unless trained.

Equipment used, if any: _____ Number of helpers required: _____

FALL RISK

Past fall: date	What happened

Precautions: _____

Nighttime safety plan—lighting, alarms, low bed; bed rails only if assessed and recommended. _____

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Private health information—store securely.



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PERSONAL CARE

Explain each step, ask permission, and preserve privacy during personal care.

Area	Level of help	Preferences & what helps
Bathing / showering <i>Days, time, water temperature preference, privacy / modesty</i>		
Dressing <i>Clothing preferences, what helps</i>		
Grooming <i>Hair, shaving, nails, oral care / dentures</i>		
Toileting support & schedule <i>Continence products used, if any</i>		
Skin care <i>Repositioning schedule if prescribed, areas to watch</i>		

SENSORY AND DEVICES

Device	Care (cleaning, charging, batteries)	Where kept
Glasses		
Hearing aids		
Dentures		

COMMUNICATION TIPS DURING CARE *(cueing, step-by-step, what to say)*

SIGNS TO REPORT TO THE CARE TEAM

- New pain
- A fall, even without injury
- Skin redness or sores
- Sudden change in walking or balance

Other changes I've noticed:

Call 911 for a fall with a serious injury, a head injury, or if the person I support cannot get up safely.

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