

Care Receiver's Needs List

Name: _____ Age: _____

	Yes	Comments
Understands own needs		
Asks for help		
Doesn't like being helped		
Gets around independently		
Needs help to eat		
Needs help to bathe or shower		
Needs help to dress and undress		
Needs help to use toilet		
Needs help with mobility		
Is incontinent		
Is bedridden		
Needs supervision		
Needs help fixing meals		
Uses a wheelchair or walker		
Needs help with medications		
Special Concerns:		
Visually impaired		
Hearing impaired		
Confused or disoriented		
Depressed or anxious		
Other:		
Help Needed With:		
Laundry		
Light housework		
Meal preparation		
Transportation		
Special Information:		
Hobbies & favorite activities:		
Favorite foods:		
Favorite clothes:		
Exercise needs:		
Dietary needs:		
Difficult behavior:		
Emergency safety issues:		
Special issues related to personal habits such as smoking; pets; sensitive conversation topics; religious, ethnic, or racial biases:		