Care Receiver's Needs List

Name:			Age:
	Vaa	Commonts	
Lindayahan da ayya na ada	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:			