



Client Progress Notes

Check boxes: Attendant Care Progress Notes are due by the 1st of every month
 PHS Progress Notes are due every week by midnight on Sunday

Consumer Name: _____ Employee Name: _____

Week/Month/Year: _____ Support Coordinator: _____

Tasks Performed (check all that apply)

Housekeeping:

- Kitchen cleaning
- Bathroom cleaning
- Bedroom cleaning
- Living room cleaning
- Dining room cleaning
- Laundry
- Clean inside windows
- Trash removal
- Other housekeeping

Personal Care:

- Bath/shower
- Sponge bath
- Skin care
- Dressing assistance
- Toileting
- Combing
- Shaving
- Nail care
- Brushing teeth
- Feeding
- Other personal care

Other Activities and Daily Living:

- Med. reminder
- Exercise/ROM
- Walking
- Meal preparation
- Shopping
- Trip to laundromat
- Other daily living activities:

Behavioral Issues (check all that apply)

None noted this month

If any of the following boxes are checked, please provide an explanation:

- Running away
- Verbal outburst
- Physical aggression
- Refusal to participate in routine
- Property destruction

- Consumer complaint
Specify: _____

- Other behavioral issue(s):

Explanation of Incident(s) (check all that apply)

- None noted
- Illness
- Hospitalization
- Death
- Change in medications

- Unusual cuts and/or bruises
- Medicine issues/errors
- Change in seizure activity
- Changes in sleep patterns
- Other medical issues:

Explanation of any medical issues: _____

Comments/Recommendations: _____

Barriers: _____

Employee Signature: _____ Date: _____

Consumer/Parent/Caregiver Signature: _____ Date: _____

Program Manager Signature: _____ Date: _____