

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: _____