



**ANGEL CARE HOME COMPANION SERVICES, INC.**

**CARE PLAN**

Client \_\_\_\_\_

Date of Plan \_\_\_\_\_

Initial Care Plan \_\_\_\_\_ Revised Care Plan \_\_\_\_\_

Day of the Week	Mon	Tue	Wed	Thu	Fri	Sat	Sun
<b>PERSONAL CARE/GROOMING</b>							
Bathe (tub/shower/bed/sponge)							
Shave							
Shampoo Hair							
Brush/Comb Hair							
Skin Care (lotion)							
Assist with Clothing/Dressing							
Oral Care (brush teeth/dentures)							
Foot Care/Foot Soaks							
Assist with Toileting / Incontinence Products							
<b>FOOD/FLUID/MEDICATION REMINDER</b>							
Prepare Meal/Snack							
Feed Client							
Encourage/Restrict Fluids							
Medication Reminder							
<b>ACTIVITY/EXERCISE</b>							
Assist with Walking							
Assist with Transfers							
Assist with Exercise							
<b>HOUSEHOLD/TRANSPORTATION</b>							
Clean Living Areas/Pathways Clear							
Clean Floors (sweep/mop/vacuum)							
Clean Kitchen/Wash Dishes							
Clean Bathroom							
Empty Garbage							
Make Bed/Change Bed Linens							
Wash Clothes/Bed Linens							
Errands/Shopping/Transportation							
<b>SPECIAL REQUESTS (copy to Task Sheet)</b>							

Client Signature: \_\_\_\_\_

Date \_\_\_\_\_

Prepared by: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_