

Care Plan

Name	.....
Address	..........
	Post Code
Tele:	.....

	Date Of Birth
Doctor	.....
Surgery	..........
Tel:	.....
Community Nurse	.....
Surgery if different from above	..........
Social worker	.....
Tel:	.....

Continued on next sheet

Care Plan (cont'd)

I need help with.

How many hours I need a week and times.

My aims are:

Care Plan (cont'd)

Do you need help with bathing?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you need assistance with washing?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you have the necessary equipment to help you achieve your aims of independence?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you need help with any personal hygiene matters i.e. drainage bags etc ?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you need help with walking?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you use a wheel chair?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Sometimes <input type="checkbox"/> Y	Always <input type="checkbox"/> N	
Are you able to cook your own meals?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you need help with the housework?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you need help with shopping?	<input type="checkbox"/> Y	<input type="checkbox"/> N

Continued on next sheet

Care Plan (cont'd)

Do you have a Bleep pendant system

Y N

If NO would you like this facility to be installed **Huxstep Care Services** can arrange this for you. The system can be either purchased or rented according to your needs.

Are you presently taking any medication

Y N

If YES do you self medicate

Y N

Name of Drug	Qty AM	Qty Breakfast	Qty Lunch	Qty Tea Time	Qty Bedtime

Do you have medication boxed up by your Pharmacist
This can be arranged.

Y N

Do you have Diabetic needs

Y N

If YES are you taking Insulin by way of injection?

Y N

Do you self inject

Y N

Continued on next sheet

Care Plan (cont'd)

Next Of Kin

Name

Address

.....

.....

Post Code

Telephone No Daytime Evening

Emergency

Second Next Of Kin

Name

Address

.....

.....

Post Code

Telephone No Daytime Evening

Emergency

This questionnaire gives me an overall picture of your needs, these will be discussed during my home visit, and set-up a care plan suited to your needs.

Thank you for your time.

Mrs T. Huxstep-Evans
Huxstep Care Services