### Functional Limitations
- Amputation
- Paralysis
- Legally Blind
- Bowel/Bladder Incontinence
- Hearing
- Amputation
- Endurance
- Dyspnea
- Contracture
- Ambulation
- Speech
- Other:

### Activities Permitted
- Bed Rest
- Transfer Bed-Chair
- Partial Weight-Bearing
- Crutches
- Wheelchair
- Complete Bed Rest
- Up as Tolerated
- Exercise Prescribed
- Independent at Home
- Cane
- Walker
- Other:

### Vital Sign Notification
- BP Systolic: >
- BP Diastolic: >
- Pulse: >
- Temperature: >
- Respiration: >
- Weight Gain or Loss
- Foley: No Bowel Movement in 3 Days

### Vital Signs
- Blood Pressure
- Pulse
- Respiration
- Temperature
- Weight

#### Frequency

#### Household
- Change Linen
- Light Housekeeping
- Make Bed

#### Elimination
- Assist w/ Bed Pan
- Assist w/ Bedside Commode
- Catheter Care
- Empty Ostomy Bag
- Incontinent Care
- Record Bowel Movement

### Activity

#### Frequency

#### Personal Care
- Assist to Dress
- Back Rub/Massage
- Check Pressure Areas
- Comb Hair
- Complete Bath
- Foot Care
- Nail Care
- Oral Hygiene Denture Care

#### Frequency

#### Frequency

#### Frequency

#### Frequency

#### Frequency

### Additional Comments:

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**Signature & Title**

**Date:** / /