



ATTENDANT CARE SCRIPT

Patient: _____ Date of Birth: _____

Purpose of care/diagnosis: _____

Care required:

Supervision	Dressing
Bathing	Toileting
Oral Hygiene	Feeding
Feeding Tube Care	Ambulation Assistance
Patient Repositioning	Wound Care
Medication Management	Bowel/Bladder Program
Range of Motion Exercises	Record/Check Vitals
Ventilator Care	Tracheotomy Care
Other _____	

Level of care:

- HHA
- HTA
- LPN
- RN
- Mixed Levels (identify the levels) _____

Number of hours per day: _____

Number of days per week: _____

Duration/end date: Number of weeks or end date (less than one year) _____
1 year (52 weeks maximum duration)

Physician Signature

Date