

Partners ⁱⁿ FTD Care

DAILY CARE SNAPSHOT FOR

(Your loved one's name)

(Attach a favorite photo here)

Your input to transitioning your loved one into a health care community is very valuable. The Daily Care Snapshot will assist staff by building on your knowledge and experience. The more information you provide, the better others can get to know your loved one's needs and preferences. - Thank you.

I. Give a brief introduction of the person you have cared for - life accomplishments, key relationships with family/friends, and what your role as a caregiver has been and will be.

Partners in **FTD** Care

II. Describe regular activities, hobbies, and current abilities. Include the level of assistance needed for each activity. For example, he/she can complete activities independently; needs help getting started; or requires monitoring. Add additional strengths. Use additional pages as needed.

III. Describe any concerns or needs in the following areas, and the helpful steps taken in the past. Include specific examples of behaviors, such as refusing to shower; grinding teeth; or at risk of choking. For helpful interventions, include medical/community resources, i.e. psychiatry, religious affiliation, therapy, as well as successful behavioral/communication approaches. Use additional pages as needed.

SELF CARE (Examples: Dressing, eating, walking, personal hygiene, toileting)

Concerns/Needs _____

Helpful Interventions _____

Medication(s) Prescribed for Each Concern _____

Partners in **FTD** Care

INTERPERSONAL (Examples: Repetitive habits, fixed stare, one-word responses, incorrect use of the words “yes” and “no”, sleep disturbance, overwhelmed easily)

Concerns/Needs _____

Helpful Interventions _____

Medication(s) Prescribed for Each Concern/Need _____

SAFETY (Examples: Wandering, falls, puts too much food into mouth without swallowing, eating non-food items)

Concerns/Needs _____

Helpful Interventions _____

Medication(s) Prescribed for Each Concern/Need _____

Partners in **FTD** Care

IV. Other comments or experiences to share. _____

Name of Client/Resident _____

Name of Person Sharing Information _____

Relationship to Client/Resident _____

Date completed _____