

# Partners *in* FTD Care

## DAILY CARE SNAPSHOT FOR

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(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.

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**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.

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**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 \_\_\_\_\_

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Helpful Interventions \_\_\_\_\_

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Medication(s) Prescribed for Each Concern \_\_\_\_\_

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

Concerns/Needs \_\_\_\_\_

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Helpful Interventions \_\_\_\_\_

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Medication(s) Prescribed for Each Concern/Need \_\_\_\_\_

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

Concerns/Needs \_\_\_\_\_

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Helpful Interventions \_\_\_\_\_

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Medication(s) Prescribed for Each Concern/Need \_\_\_\_\_

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**IV. Other comments or experiences to share.** \_\_\_\_\_  
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**Name of Client/Resident** \_\_\_\_\_

**Name of Person Sharing Information** \_\_\_\_\_

**Relationship to Client/Resident** \_\_\_\_\_

**Date completed** \_\_\_\_\_