

Community Mental Health for Central Michigan
SPECIALIZED RESIDENTIAL DAILY DATA

Date: _____ Consumer Name: _____ Case #: _____ DOB: _____

Month/Year: _____ Day Shift Afternoon Shift Midnight Shift Licensed Family Home Licensed Group Home

I = Independent *M = Monitoring* *VP = Verbal Prompts* *PA = Physical Assist* *HOH = Hand-over-Hand*
TC = Total Care *R = Refusal* *H = Hospitalization* *LOA = Leave of Absence*

| Community Living Support <i>(Monitors & Prompts)</i> | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
|--|-----------------|---------------------------|---|-----------------|---|---------------------------|---|-----------------|---|---------------------------|----|-----------------|----|---------------------------|----|-----------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| Medication Administration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grocery Shopping | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Menu Planning/Meal Preparation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Laundry/Housekeeping | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Money Management | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Health Care/Dental Appointments/ER Visit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Community Outings/Religious Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Symptom Management/Redirection Behaviors | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Socialization | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Transportation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Monitoring/Protection (Sleeping) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time Management | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Staff Initials | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Staff Name Printed | Initials | Staff Name Printed | | Initials | | Staff Name Printed | | Initials | | Staff Name Printed | | Initials | | Staff Name Printed | | Initials | | | | | | | | | | | | | | | | | |
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Please incorporate data into daily progress notes

Front Page

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SPECIALIZED RESIDENTIAL PROGRESS NOTE

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TC = Total Care *R = Refusal* *H = Hospitalization* *LOA = Leave of Absence*

| Personal Care Support (Hands On & Face-to-Face) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|--|-----------------|---------------------------|---|-----------------|---|---------------------------|---|-----------------|---|---------------------------|----|-----------------|----|---------------------------|----|-----------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Personal Hygiene (change clothes, wash hands/face) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bathing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dressing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Toileting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medication Management/Self-Med Programs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Eating/Feeding | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Transferring (between bed, chair, wheelchair) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ambulating | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Meal Preparation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Laundry/Housekeeping | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Staff Initials | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Staff Name Printed | Initials | Staff Name Printed | | Initials | | Staff Name Printed | | Initials | | Staff Name Printed | | Initials | | Staff Name Printed | | Initials | | | | | | | | | | | | | | | |
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Please incorporate corresponding data into daily progress note

Back Page