



Guardian Monthly Reporting Sheet Due by the end of each month

Name: _____ Signature: _____

Client's Name: _____ Date: _____

Client's residence: _____

Client has a palliative care plan: ___ No ___ Yes with _____

Client has funeral arrangements: ___ No ___ Yes with _____

Code Status: _____

Date of Visit: _____ Length of visit: _____

Medicine changes:

Overview of Visit/Concerns/Assistance Needed: (please observe and comment here on your client's overall appearance, condition of clothing, alertness, room appearance, any physical (body) conditions of concern, were they well groomed, mood, any restraints being used, etc.)

Return to Jennifer Dietsch at: jdietsch@lifeessentials.org or
40 South Perry Street, Dayton, OH 45402



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