



SERVICE USER:		Care commencing on:		NEXT REVIEW OF CARE PLAN:	
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Needs for Daily Living Assessed Baseline Assessment Form No 3-07 PAGE 2	THE CARE PLAN		
	Needs identified	Planned Outcome	How this Outcome will be achieved
2. WAKING RETIRING & SLEEPING ROUTINES			
Preferred time of getting up Needs help with getting up Is able to choose clothes Needs help with dressing Needs help with washing / showering Needs help with using the toilet Commode or toilet Preferred time of going to bed Needs help with undressing Enjoys bath or shower in evenings Dentures Number of pillows / types of pillow Bedtime routines (TV / radio / reading) Bedtime drinks Sleeps well Disturbed sleep pattern - gets up / needs light on Needs bedroom door open Sedation			

For Care Home: Signature: _____ Name (PRINT): _____ Date: _____

For Service User: Signature: _____ Name (PRINT): _____ Date: _____