



Personal Needs & Domestic Needs Checklist

Client Name:

Date:

Personal Needs					
<i>Assistance Needed</i>	<i>Yes / No</i>	<i>AM / PM</i>	<i>For How Many Minutes?</i>	<i>How Often? (Hourly, daily, weekly)</i>	<i>Other Comments</i>
Getting Up					
Medication					
Washing Face					
Washing Upper Body					
Washing Lower Body					
Washing Hair					
Perineal Hygiene					
Shaving					
Nails Clipped					
Skin Care					
Eye Care					
Ear Care					
Combing Hair					
Dressing					
Positioning in Wheelchair					
Toileting					
Assist with R.o.M.					
Tracheostomy Care					
Ventilator Assistance					
Teeth Cleaning					
Night Medication					
Dressing for Bed					
Repositioning in Bed					
Repositioning in Chair					
Bowel Routine Assistance					
Communication Assistance - Device					
Communication Assistance - Telephone					

Domestic Needs

<i>Assistance Needed</i>	<i>Yes / No</i>	<i>AM / PM</i>	<i>For How Many Minutes?</i>	<i>How Often? (Hourly, daily, weekly)</i>	<i>Other Comments</i>
Breakfast Preparation					
Making Tea/Coffee					
Preparing Lunch					
Assistance with Eating					
Accompanied Shopping					
Storing Food					
Setting the Table					
Washing Dishes					
Making/Changing Beds					
Washing Laundry					
Ironing					
Vacuuming & Dusting					
Washing Floor					
Cleaning Wheelchair					
Adding Air to Wheels					
Cleaning Walls					
Replacing Lights					
Nurturing Assistance					

Please note that if you require assistance at your place of competitive employment or school, please let us know the location of your school or workplace.

Please fill out this form and save the filled version. You can email it to:
pmoilh@independentlivinghalton.ca

Or, you can print this form and fill it out by hand, and mail it to:

Independent Living Halton
296 Ontario St N
Milton, ON L9T 2T9

