Residential Progress Note

Consumer Name:	Consumer Number:	Staff Name:
Date:	Time:	Shift: ☐ First ☐ Second ☐ Third

Food Acceptance:		☐ N/A
Breakfast	**Lunch**	**Dinner**
☐ 0-25 percent consumed	☐ 0-25 percent consumed	☐ 0-25 percent consumed
☐ 26-50 percent consumed	☐ 26-50 percent consumed	☐ 26-50 percent consumed
☐ 51-75 percent consumed	☐ 51-75 percent consumed	☐ 51-75 percent consumed
☐ 76-100 percent consumed	☐ 76-100 percent consumed	☐ 76-100 percent consumed
Comments:		

Daily Intake and Output:	☐ N/A
☐ **Intake** = _____fluid ounces	☐ **Output** = _____cc
Comments:	

Basic Care Checklist:	☐ N/A
Eating: ☐ Independent ☐ Verbal Prompt ☐ Demonstration ☐ Physical Prompt ☐ Dependent ☐ N/A	**Toileting**: ☐ Independent ☐ Verbal Prompt ☐ Demonstration ☐ Physical Prompt ☐ Dependent ☐ N/A
Bathing: ☐ Independent ☐ Verbal Prompt ☐ Demonstration ☐ Physical Prompt ☐ Dependent ☐ N/A	**Dressing**: ☐ Independent ☐ Verbal Prompt ☐ Demonstration ☐ Physical Prompt ☐ Dependent ☐ N/A
Grooming: ☐ Independent ☐ Verbal Prompt ☐ Demonstration ☐ Physical Prompt ☐ Dependent ☐ N/A	**Transferring**: ☐ Independent ☐ Verbal Prompt ☐ Demonstration ☐ Physical Prompt ☐ Dependent ☐ N/A
Ambulation/Mobility: ☐ Independent ☐ Verbal Prompt ☐ Demonstration ☐ Physical Prompt ☐ Dependent ☐ N/A	**Taking Medication**: ☐ Independent ☐ Verbal Prompt ☐ Demonstration ☐ Physical Prompt ☐ Dependent ☐ N/A
Comments:	

Menses/Breast Examination:	☐ N/A
☐ **Menses** ☐ Scent ☐ Moderate ☐ Heavy ☐ Clots ☐ **N/A**	☐ **Breast Exam** ☐ **N/A**
Comments:	

Goal #: ______			**Objective:** ______		
☐ Independent	☐ Verbal Prompts # _______	☐ Dependent	☐ Physical Prompts # _______	☐ Demonstration # _______	☐ Other
Comments:					

Goal #: ______			**Objective:** ______		
☐ Independent	☐ Verbal Prompts # _______	☐ Dependent	☐ Physical Prompts # _______	☐ Demonstration # _______	☐ Other
Comments:					

Goal #: ______			**Objective:** ______		
☐ Independent	☐ Verbal Prompts # _______	☐ Dependent	☐ Physical Prompts # _______	☐ Demonstration # _______	☐ Other
Comments:					

Goal #: ______			**Objective:** ______		
☐ Independent	☐ Verbal Prompts # _______	☐ Dependent	☐ Physical Prompts # _______	☐ Demonstration # _______	☐ Other
Comments:					

Summary:

Instructions: When the form is complete, sign and date. Your signature represents your approval of information, which will be scanned into EMMIT.

Signature: ______________________________	**Date:** ______________________________