

**NES****HOUSE MANAGER MONTHLY CLIENT REPORT FORM**

Client Name: \_\_\_\_\_ Month: \_\_\_\_\_

**Overall Health Questions***Answer the following with a "Y" or "N"*

Changes in sleep?		Changes in eating, weight loss, or weight gain?	
Changes in bowel movements?		Visual or expressed symptoms of not feeling well?	
Changes in seizure activity?		Changes in taking medications?	

Explain any concerns associated with this client's overall health:

**Overall Behavioral Questions***Answer the following with a "Y" or "N"*

Changes in Mood/Affect		Changes in positive or negative behaviors	
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Explain any concerns associated with this client's overall behavior:

**Doctor Appointments**

Date		Doctor		Reason		Outcome	
Date		Doctor		Reason		Outcome	

\*Were there any medication changes this month? \_\_\_\_\_

**Medication Errors**

Date		Error		Date		Error	
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**Durable Medical Equipment***Mark ALL equipment that applies to client*

Wheelchair		Shower Chair		Hoyer Lift		Walker	
Cane		Glasses		Oxygen		Nebulizer	
C-Pap Machine		Other					

\*\*Is there any equipment not working well? List the issue and if it's scheduled for repairs: \_\_\_\_\_

Please list any other concerns or information you have for the nurse regarding this client: \_\_\_\_\_

House Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_