

Date/Time:	Worker Name:	Resident Name:	
Planned Activity:	Mobility Plan:		
<input type="checkbox"/> Toileting <input type="checkbox"/> Personal care <input type="checkbox"/> HS Care <input type="checkbox"/> Repositioning <input type="checkbox"/> Transfer <input type="checkbox"/> Shower <input type="checkbox"/> Sponge Bath <input type="checkbox"/> Bed Bath <input type="checkbox"/> Other:_____	<input type="checkbox"/> Independent <input type="checkbox"/> 1 person assist <input type="checkbox"/> 2 person assist	<input type="checkbox"/> Lift <input type="checkbox"/> Transfer <input type="checkbox"/> Slider sheet <input type="checkbox"/> Other:_____	
<b>P</b>	<b>INDEPENDENT</b>	<b>MIN ASSIST</b>	<b>MODERATE-MAX ASSIST</b>
<b>A</b>	<b>NON-AGGRESSESSIVE</b>	<b>UNPREDICTABLE</b>	<b>MODERATE</b>
<b>C</b>	<b>SUFFICIENT</b>	<b>LIMITATIONS</b>	<b>UNABLE TO COMMUNICATE</b>
<b>E</b>	<b>NO OBSTACLES</b>	<b>MOVEABLE OBJECTS</b>	<b>OBSTACLES</b>
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