

**Washington County PH & E
CLIENT CARE PLAN**

Client: Fall Prevention ,

Client ID#: 1218226427
Admission Date: 08-08-2008

03 Residence Potential Problem Individual

Initial Rating **K** **B** **S**
Target Outcome **K** **B** **S**

<i>Cat.</i>	<i>Target</i>	<i>Care Description Note</i>
S	Home	State of Repair
TGC	Safety	Other Home Safety Modifications
TGC	Safety	Other Fall Prevention Education
CM	Home	Community Support Systems Referral Information
CM	Continuity Of Care	Other Fall Prevention Communication with Other Providers

20 Vision Potential Problem Individual

Initial Rating **K** **B** **S**
Target Outcome **K** **B** **S**

<i>Cat.</i>	<i>Target</i>	<i>Care Description Note</i>
TGC	Medical/Dental Care	Other Routine Eye Care
S	Signs/Symptoms-Physical	Diminished Vision
CM	Other Community Resources	Other Referral to State Services for the Blind/Vision Loss Resources

27 Neuro-Musculo-Skeletal Function Potential Problem Individual

Initial Rating **K** **B** **S**
Target Outcome **K** **B** **S**

<i>Cat.</i>	<i>Target</i>	<i>Care Description Note</i>
S	Exercises	Other Regular Exercise Pattern
S	Medication Action/Side Effects	Takes as Prescribed
TGC	Exercises	Other Regular Exercise Pattern
TGC	Medication Action/Side Effects	Other Encourage Professional Review of Medications
TGC	Mobility/Transfers	Other Safe Physical Mobility