

Personal Care Support Guide: College of Direct Support

This guide will help the direct support professional gather and organize information about the unique needs and preferences of the person being supported in the area of personal care.

Directions: Complete this form using sources available to you. Start with the person supported. If the person is unable to provide this information directly, you can gather information through observation, other up-to-date documents, and, as appropriate, from others involved in the person's life. For more information on how to gather this information complete *Lesson 2: Individualizing Personal Care* in the *Personal Care Support Course* in the *College of Direct Support*.

This information is private and should only be shared with the permission of the person supported and/or his or her legal representative. The form must not be left in any place where people who do not have permission could view it. Use only initials or first name to identify the person and do not include other identifying characteristics on the form.

First or last name or initials of the person supported: _____

I. Personal Health/Medical Information- Review and fill in each section.

A. Does this person have a cognitive disability (mental health, intellectual, brain injury, dementia or related conditions) that affect his or her personal care needs? Yes No

If yes, please describe how personal care needs are affected:

B. Does this person have physical disabilities that affect his or her personal care needs? Yes No

If yes, please describe how personal care needs are affected:

C. Medical Conditions and Personal Care:

1. Does this person have any medical conditions (for example: arthritis, high blood pressure, athlete's foot, etc.) that affect his or her personal care needs? Yes No

If yes, please describe how personal care needs are affected:

2. Does this person use specialized or adaptive equipment or products that the direct support professional needs to be able to assist in using correctly (for example, a feeding tube, braces, lifts, or special or prescription lotions or treatments, etc.)? Yes No

If yes, please describe (Are there instructions or guides for these? Where?):

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3. Does this person take any medication that affects personal care needs (for example, increased sensitivity to sun or likelihood of bruising or bleeding)? Yes No

If yes, please explain issues to be aware of and how to handle them:

II. Personal Care Support Needs and Preferences

A. This person needs which of the following types of assistance (select all that apply):

- Physical assistance to complete personal care.
- Reminders and encouragement to complete personal care.
- Education or teaching of personal care routines.

B. Please describe the help and support this person needs with the following areas of personal-care:

1. Bathing/Showering/Washing Hands/ General Hygiene

List specific routines the person needs help with for these:

List any health and safety risks the person has and how to manage these risks:

List specific preferences the person has: (for example, sensitivities, time of day, how often, products preferred, etc.)

2. Brushing Teeth/Denture Care/Oral Hygiene

List specific routines the person needs help with in these areas:

List any health and safety risks the person has in this areas and how to manage these risks:

List specific preferences the person has: (for example, sensitivities, time of day, how often, products preferred, etc.)

3. Toileting

List specific routines the person needs help with in this area:

List any health and safety risks the person has in this area and how to manage these risks:

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List specific preferences in this area the person has: (for example, sensitivities, time of day, how often, products preferred, etc.)

4. Skin Care

List specific routines the person needs help with in this area:

List any health and safety risks the person has in this area and how to manage these risks:

List specific preferences in this area the person has: (for example, sensitivities, time of day, how often, products preferred, etc.)

6. Hair Care

List specific routines the person needs help with in this area:

List any health and safety risks the person has in this area and how to manage these risks:

List specific preferences in this area the person has: (for example, sensitivities, time of day, how often, products preferred, etc.)

7. Nail Care (Fingers and Toes)

List specific routines the person needs help with in this area:

List any health and safety risks the person has in this area and how to manage these risks:

List specific preferences in this area the person has: (for example, sensitivities, time of day, how often, products preferred, etc.)

8. Dressing

List specific routines the person needs help with in this area:

List any health and safety risks the person has in this area and how to manage these risks:

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List specific preferences in this area the person has: (for example, sensitivities, time of day, how often, products preferred, etc.)

III. Grooming Support Needs

A. Please list other grooming activities that this person needs or would like help with: (For example, shaving, makeup, hair styling, etc):

B. Please list any personal care products that this person needs or prefers to use for these routines:

C. Please describe any special needs or preference this person has in their grooming routines (for example, order of activities, time of day, etc.):

IV. Please describe any cultural, religious, or personal beliefs about appearance, dress, or personal care routines that the DSP may be unaware of: