



MONTHLY CARE PLAN REPORT

Facility:

Date:

Resident's Name:

Prepared by:

Period	ACTIVITIES FOR MONTH (%)	WEIGHT (lbs)	BLOOD PRESSURE	PULSE
Week 1	Exercise			
Week 2	Music			
Week 3	Arts & Crafts			
Week 4	Outings			

SLEEPING:

DEPRESSION:

COGNITION:

AGITATION/BEHAVIOR PROBLEM:

EATING/MEALS:

BOWEL/BLADDER MOVEMENT:

CHANGES IN MEDICATION:

COMMENTS:

HEALTH RECOMMENDATION(S):