

## SAMPLE CLIENT STATUS REPORT

Client's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Care Consultant: \_\_\_\_\_

Client or Caregiver Evaluation	Adequate	Inadequate	Yes	No
Quality of Service				
Adheres to Care Plan				
Attitude/Manners				
Appearance				
Do You Have Unmet Needs				

Comments:

Client/caregiver signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Evaluation	Adequate	Inadequate	Yes	No
Quality of Service				
Adheres to Care Plan				
Professionalism				
Appearance				
Documentation				
Care Plan Reviewed With Client				
Is Care Plan current?				
Current Service Schedule				

Comments:

### OVERALL FUNCTIONAL STATUS:

Improving \_\_\_\_\_

Describe \_\_\_\_\_  
 \_\_\_\_\_

Unchanged \_\_\_\_\_

Describe \_\_\_\_\_  
 \_\_\_\_\_

Deteriorating \_\_\_\_\_

Describe \_\_\_\_\_

\_\_\_\_\_

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Medical Status: \_\_\_\_\_

Mental Status: \_\_\_\_\_

Mobility Status: \_\_\_\_\_

Nutrition Status: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_