

Resident Visit Report

*This report is to be completed by any team member that assists in the home at any time.
Please complete the form and send it to the Team Leader via email or fax within 48 hours of visit.
Once reviewed, Team Leader will share this report with the entire team.*

Resident Name: <i>(optional)</i>		Visit Date:	
Street Address:		Visit Time:	
Town:			
Service Provider Name:		Agency:	

Appointment Information

Place an X in the appropriate field for all sections.

<input type="checkbox"/> Resident Present	<input type="checkbox"/> Resident not present	<input type="checkbox"/> Resident Cancelled	<input type="checkbox"/> Service Provider Cancelled
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Scheduled Duration of Visit: _____	Actual Duration of Visit: _____
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Client's Mood: *(mark all that apply)*

<input type="checkbox"/> Stable	<input type="checkbox"/> Positive	<input type="checkbox"/> Depressed
<input type="checkbox"/> Anxious	<input type="checkbox"/> Angry	<input type="checkbox"/> Other

Comments:

Description of de-cluttering activities and/or services provided: *(brief and specific)*

Items donated or discarded: *(brief and specific)*

Client's ability to participate in activities: *(if ability to participate changed during visit, mark all that apply)*

<input type="checkbox"/> Unable to	<input type="checkbox"/> Struggled to	<input type="checkbox"/> Able to
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Comments:

Client's ability to emotionally tolerate activities: *(if ability to tolerate changed during visit, mark all that apply)*

<input type="checkbox"/> Unable to	<input type="checkbox"/> Struggled to	<input type="checkbox"/> Able to
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Comments:

List agreed upon goals for next visit. (Must be brief, specific, reasonable, and attainable.)

1	Manageable goal related to maintaining	
2	Manageable goal related to continuing a	
3	Self-care goal <i>NOT</i> related to clutter.	

Team Leader	Fax Number	email address
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