Vancouver CoastalHealth
Promoting wellness. Ensuring care.

GPEP
GeroPsychiatric Education Program
Phone: 604-714-3771 ext 2317

MY DAILY CARE ROUTINE

Client Initials	Client PHN #		Date Completed (dd/mm/yyyy)	Completed By

MY THINKING CHALLENGES AND ABILITIES:	MY TRANSFER & MOBILITY:
HOW I LIKE TO COMMUNICATE:	**PERSONAL AIDE DEVICES I NEED:**
MY DRESSING HABITS/MY PERSONAL HYGIENE NEEDS (INCLUDING ORAL HEALTH):	**MY DINING/DIET ROUTINE:**

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GPEP
GeroPsychiatric Education Program
Phone: 604-736-2033

MY DAILY CARE ROUTINE continued

Client Initials	**Client PHN #**	
MY BATHROOM ROUTINE:		**MY REST & SLEEP ROUTINE:**
MY BATHING ROUTINES:		**THINGS I LOVE TO DO:**
WAYS TO HELP ME AVOID FEELING LONELY:		**THINGS THAT I FIND CALMING/THE WAY I LIKE TO BE APPROACHED:**