Natures Way Elite
528 New Park Ave
West Hartford, CT, 06110
860-816-0377

DAILY MEDICAL/CLIENT RECORD FORM

Client/Patient Information:
Name: Kay Kennedy
DOB: 9/18/1940
Phone:_____
ID#_____

Service Information:
Date of Service: 7/16/25
Service Duration: 2 hrs
Therapeutic Caregiver: TRICIA MCINTOSH

Service Checklist:
☑ Checked Blood Pressure: 128/85 P 69 bpm
☑ Depression Screening = Kay was feeling down because of her doctors
☑ Fall Risk Assessment = Kay uses rollater when she is home
☑ UTI Assessment = Kay Drinks water when taking day & night meds
☑ Nutritional Screening = Kay is back and forth with the Spaghetti
☑ Mental Stimulation Exercises = Kay plays Solitaire on her computer

Additional Information:
Kay burning mouth syndrome causes her to lose interest in Spaghetti and meatballs. it will Sometimes makes her like it again it all depends on the week

Authorizing Signature:
_____ **Date:** 7/16/25
Printed Name:
TRICIA MCINTOSH **Title:**CCHW

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Client/Patient Information:
Name: Kay Kennedy
DOB: 9/18/1940
Phone:_____
ID#_____

Service Information:
Date of Service: 7/18/25
Service Duration: 2hrs
Therapeutic Caregiver: TRICIA MCINTOSH

Service Checklist:
☑ Checked Blood Pressure: 114/87 P 73 bpm
☑ Depression Screening = Kay could not sleep all night
☑ Fall Risk Assessment = Kay uses her rollater at home
☑ UTI Assessment = Kay Drinks water when taking day & night meds
☐ Nutritional Screening = Kay was only able to consume small portion of spaghetti
☑ Mental Stimulation Exercises = Kay plays solitaire on her computer

Additional Information:
Kay and I discussed finding her something else to eat because she is starting to dislike spaghetti and meatballs.

Authorizing Signature:
_____ **Date:** 7/18/25
Printed Name:
TRICIA MCINTOSH **Title:**CCHW

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DAILY MEDICAL/CLIENT RECORD FORM

Client/Patient Information:
Name: kay kennedy
DOB: 9/18/1940
Phone: _____
ID# _____

Service Information:
Date of Service: 7/22/25
Service Duration: 2 hrs
Therapeutic Caregiver: TRICIA MCINTOSH

Service Checklist:

☐ Checked Blood Pressure: _____ P _____

☑ Depression Screening = kay was in a bad mood and refused to get up from the touch.

☑ Fall Risk Assessment = kay use her rollater at home

☑ UTI Assessment = kay Drinks water when taking day & night meds

☑ Nutritional Screening = kay ate some frozen chicken and rice from the stere we warmed it up in microwave

☑ Mental Stimulation Exercises = kay plays Solitaire on her computer

Additional Information:
kay and I went to the stere and bought some frozen chicken with rice and more ensure she was able to eat half of the meal.

Authorizing Signature: _____ **Date:** 7/22/25

Printed Name:
TRICIA MCINTOSH **Title:**CCHW

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DAILY MEDICAL/CLIENT RECORD FORM

Client/Patient Information:
Name: Kay Kennedy
DOB: 9/18/1940
Phone: _____
ID# _____

Service Information:
Date of Service: 7/24/25
Service Duration: 2 hrs
Therapeutic Caregiver: TRICIA MCINTOSH, CCHW

Service Checklist:
- ☑ Checked Blood Pressure: 155/84 P 91 bpm
- ☑ Depression Screening = Kay was sad this morning she had a bad dream
- ☑ Fall Risk Assessment = Kay uses her rollator at home
- ☑ UTI Assessment = Kay Drinks water when taking day & night meds
- ☑ Nutritional Screening = Kay had some lays and vanilla ice cream
- ☑ Mental Stimulation Exercises = Kay plays Solitaire on her computer

Additional Information:
Kay tells me she had a scary dream that she lost her cat and could not find her. this morning I found her cat underneath the bed.

Authorizing Signature: _____ **Date:** 7/24/25

Printed Name:
TRICIA MCINTOSH, CCHW

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DAILY MEDICAL/CLIENT RECORD FORM

Client/Patient Information:
Name: Kay Kennedy
DOB: 9/18/1940
Phone: _____
ID# _____

Service Information:
Date of Service: 7/25/25
Service Duration: 2hrs
Therapeutic Caregiver: TRICIA MCINTOSH, CCHW

Service Checklist:
- ☑ Checked Blood Pressure: 121/80 P 82 bpm
- ☑ Depression Screening = Kay says she was tired and over worked
- ☑ Fall Risk Assessment = Kay uses her rollator at home
- ☑ UTI Assessment = Kay drinks water when taking day & night meds
- ☑ Nutritional Screening = Kay has tried spaghetti again
- ☑ Mental Stimulation Exercises = Kay plays solitaire on her computer

Additional Information:
Kay had concerns about her mouth trying the spaghetti and I went to the restaurant and ordered her a spaghetti and meatball meal. She was able to consume most of it.

Authorizing Signature: _____ **Date:** 7/25/25

Printed Name:
TRICIA MCINTOSH, CCHW

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DAILY MEDICAL/CLIENT RECORD FORM

Client/Patient Information:
Name: Kay Kennedy
DOB: 9/18/1940
Phone:_____
ID#_____

Service Information:
Date of Service: 7/28/25
Service Duration: 2hrs
Therapeutic Caregiver: TRICIA MCINTOSH, CCHW

Service Checklist:
☐ Checked Blood Pressure: _____P_____
☑ Depression Screening = kay was happy this morning she visited her therapist
☑ Fall Risk Assessment = kay uses a rollater at home
☑ UTI Assessment = Kay drinks water when taking day & night meds
☑ Nutritional Screening = kay ate the rest of her spaghetti and had an ensure
☑ Mental Stimulation Exercises = Kay plays solitaire on her computer

Additional Information:
Today kay told me about her new doctors and therapist that she's getting. She has a therapist at CHR that she visits once a week.

Authorizing Signature: _____ **Date:** 7/28/25

Printed Name:
TRICIA MCINTOSH, CCHW

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DAILY MEDICAL/CLIENT RECORD FORM

Client/Patient Information:
Name: Kay Kennedy
DOB: 9/18/1940
Phone:_____
ID#_____

Service Information:
Date of Service: 7/30/25
Service Duration: 2hrs
Therapeutic Caregiver: TRICIA MCINTOSH

Service Checklist:
☑ Checked Blood Pressure: 131/80 P 88 bpm
☑ Depression Screening = kay was in normal mood she was playing with cat.
☑ Fall Risk Assessment = kay uses her rollator at home
☑ UTI Assessment = kay drinks water when taking day & night meds
☑ Nutritional Screening = kay had some frozen spaghetti heated up
☑ Mental Stimulation Exercises = kay plays solitaire on computer

Additional Information:
I brought kay to the bank so she could have some cash for herself and we went grocery shopping after for her and the cat.

Authorizing Signature: _____ **Date:** 7/30/25
Printed Name:
TRICIA MCINTOSH **Title:**CCHW