

NAME: _____

DENTURES: ___ NO ___ YES ___ LOWER ___ UPPER ___ PARTIAL

HEARING AIDS ___ NO ___ YES ___ RIGHT (RED MARK) ___ LEFT (BLUE MARK)

INSTRUCTIONS: _____

OPEN/ REMOVE BATTERY AT BEDTIME. REPLACE BATTERY/ CLOSE IN THE MORNING. (Extends battery life.)
IF THE HEARING AID IS WHISTLING, IT IS NOT IN THE EAR CORRECTLY.

HINT: When in group settings, you may wish to wear only one hearing aid to minimize background noise.

GLASSES ___ NO ___ YES HINT: Do NOT wipe with tissues as they abrade the glass. Wash your hands.
Run the glasses under warm water. Apply dab of dish soap. Gently smooth on lens.
Pat dry with soft smooth cloth.

WALKER ___ NO ___ YES HINT: Do not use the walker to get out of a chair; it is likely to topple you over.

WHEELCHAIR ___ NO ___ YES HINT: Put the brakes on every time the wheelchair is stopped.

MECHANICAL LIFT ___ NO ___ YES INSTRUCTION: _____

TRANSFER BELT ___ NO ___ YES INSTRUCTION: _____

CPAP/ BIPAP ___ NO ___ YES INSTRUCTION: _____

BRACE ___ NO ___ YES WHERE: _____
INSTRUCTION: _____

OXYGEN ___ NO ___ YES SETTING: _____
INSTRUCTION: _____

OSTOMY BAG ___ NO ___ YES INSTRUCTION: _____

OTHER: _____ INSTRUCTION: _____

Created by:

