



**OKLAHOMA DEPARTMENT OF HUMAN SERVICES**

**State Plan Personal Care (SPPC)  
Progress Notes**



**Agency provider use only**

Copy to:  OKDHS nurse Date sent: \_\_\_\_\_  File Date sent: \_\_\_\_\_

Client	Case number	County
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\_\_\_\_\_  
Agency RN signature Date

**Reason for visit:**

- Initial Assessment, Form 02HM003E, Uniform Comprehensive Assessment, Part III
- Routine follow-up
- Re-certification
- Change in condition
- Request for changes
- Problem or complaint
- Other \_\_\_\_\_

**Follow-up visit:**

Visit made for purpose of assessing client's satisfaction with care AND adequacy of goals and units allotted.

**Health history:**

**Nursing assessment:**

Health conditions  Unchanged  Improved  Deteriorated

Comment:

Medication concerns and changes  Yes  No

Comment:

New medications since initial assessment or last visit:

Name	Dosage	Frequency	Physician	Date filled

Physician name	Contact number	Date of last visit
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Client treated in  emergency room or  hospital since last visit?  Yes  No

Comments:

**Restriction of activities:**

- Cane       Walker       Wheelchair       Partial weight bearing  
 Transfer assist       Bedfast       Crutches       Other \_\_\_\_\_

Has client experienced a significant weight change in last six months?  Yes  No

Weight: \_\_\_\_\_ Gain or loss attributed to: \_\_\_\_\_

Current diet: \_\_\_\_\_

Nutritional supplements used:  Yes  No

Name, quantity, and frequency:

Comments:

Home-delivered meals:  Yes  No

Agency	Frequency
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**Skin condition:**

Condition of skin	Peripheral edema
Visible sites <input type="checkbox"/> Bruise <input type="checkbox"/> Cuts <input type="checkbox"/> Decubitus/lesions <input type="checkbox"/> Rash <input type="checkbox"/> Incision <input type="checkbox"/> Other:	
Location of site	

Comments:

**Mental status:**

- Oriented       Confused       Forgetful       Anxious       Lethargic  
 Depressed       Comatose       Other \_\_\_\_\_

Comments:

**Functional limitations:**

- Non-Ambulatory       Ambulatory with assist  
 Amputation       Paralysis       Contracture       Limited endurance  
 Hearing       Speech       Visual impairment       Other \_\_\_\_\_
- ADL functions:       Unchanged       Poor       Fair       Improved  
 IADL functions:       Unchanged       Poor       Fair       Improved

Comments:

**Safety issues:**       Yes       No

Comments:

**Client communication:**

Client rating of own health:       Poor       Fair       Good       Excellent

Comments:

**Informal support:**       Inadequate       Adequate

Primary caregiver: \_\_\_\_\_

What do they do to assist you and how often?

**Formal support:**

- Home health       Hospice       VA aide       Indian health  
 Adult day services       Other \_\_\_\_\_

What do they do to assist you and how often?

**Personal care services:**

Can you tell me the name of your personal care assistant (PCA)?  Yes  No  
 Name:

Is the PCA related to you?  Yes  No  
 Relation:

Your PCA works for what agency?

Does your PCA arrive on time?  Yes  No  
 Stay the allotted time?  Yes  No

Comments:

When your PCA is unable to make your regular visit, does agency send someone else?  
 Yes  No

Comments:

**Task frequency reported by client:**

Check task designated on Care Plan	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Client comments
<input type="checkbox"/> Bathing								
<input type="checkbox"/> Grooming								
<input type="checkbox"/> Hair care								
<input type="checkbox"/> Ambulation								
<input type="checkbox"/> Meal preparation								
<input type="checkbox"/> Laundry								
<input type="checkbox"/> Housekeeping								
<input type="checkbox"/> Errands/shopping								
<input type="checkbox"/> Other								
Daily totals								= _____ hours/week Number authorized/week _____

No change needed in hours  Reassignment of hours  
 Decrease hours  Increase hours

Service Plan change needed  Yes  No

New Form 02AG031E (AG-6), Personal Care (PC) Service Plan, required for all changes in units.

Next scheduled follow-up visit is \_\_\_\_\_.

**Copy of Care Plan and Service Plan in the home:**  Yes  No