

Nananom Assisted Living

Turn/Reposition Log

Month/year								Resident's Name																													
Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31						
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5AM																																					

Frequency Every 2 Hours

LS = Left Side RS = Right Side B = Back P = Prone WC = Wheelchair R = Recliner SC = Shower Chair

Nananom Assisted Living

Incontinence Log

Month/year								Resident's Name																													
Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31						
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Check Every 2 Hours and Change as Needed

C = Checked CH = Changed

Nananom Assisted Living

Resident Weight Record

Resident's Name _____ Admission Weight _____

Admission Date _____ Admission Height _____

Date	Weight	Date	Weight	Date	Weight	Date	Weight

Comments: _____

Notification of Weight Changes

Nananom Assisted Living

Fax To: _____

From: _____ (Facility Name)

Date: _____

This is to inform you that Mr./Mrs. _____ a resident of
Name of Resident

Resident of _____ (Assisted Living Facility)
Name of Facility

has experienced:

- A **weight GAIN** of _____ pounds in the past thirty (30) days.
- A **weight LOSS** of _____ pounds in the past thirty (30) days.

Month/Day/Year

Preceding Month Weight

Month/Day/Year

Current Weight

Facility Representative

Date

Physical Recommendations:

MD Signature

Date