|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Co od nás očekáváte, v čem potřebujete pomoci?** | | | | | | | | | | | | | | | | | |
|  |  | |  | | | |  |  |  |  | |  |  | | | | | |  |  |
| Jméno a příjmení, rok narození | | | | | | | | |  |  | |  |  | | | | | |  |  |
|  | | | | | | | | | | | | | | | | | |
|  |  | |  | | | |  |  |  |  | |  |  | | | | | |  |  |
| Ranní hygiena | | | | | | |  |  |  |  | |  |  | | | | | |  |  |
|  |  | | zvládám sám | | | | |  |  |  | |  | nezvládám | | | | | |  |  |
|  |  | | zvládám částečně, s dopomocí | | | | | |  |  | |  |  | | | | | |  |  |
|  |  | |  | | | |  |  |  |  | |  |  | | | | | |  |  |
| Koupání | | | | | | |  |  |  |  | |  |  | | | | | |  |  |
|  |  | | osprchuji se/vykoupu se s pomocí | | | | | |  |  | |  | nezvládám | | | | | |  |  |
|  |  | |  | | | |  |  |  |  | |  |  | | | | | |  |  |
| Oblékání | | | | | | |  |  |  |  | |  |  | | | | | |  |  |
|  |  | | vyberu si oblečení | | | | |  |  |  | |  | obleču se s pomocí | | | | | | |  |
|  |  | | obleču se | | | |  |  |  |  | |  | nezvládám | | | | | |  |  |
|  |  | |  | | | |  |  |  |  | |  |  | | | | | |  |  |
| Používání WC | | | | | | |  |  |  |  | |  |  | | | | | |  |  |
|  |  | | s pomocí dojdu na WC | | | | |  |  |  | |  | používám pleny (inkontinence) | | | | |
|  |  | | používám toaletní křeslo | | | | | |  |  | |  | používám pleny na noc | | | | | | |  |
|  |  | |  | | | |  |  |  |  | |  |  | | | | | |  |  |
| Strava | | |  | | | |  |  |  |  | |  |  | | | | | |  |  |
|  |  | | najím se sám | | | | |  |  |  | |  | krájená strava | | | | | | |  |
|  |  | | potřebuji pomoc | | | | |  |  |  | |  | mletá strava | | | | | | |  |
|  |  | | nezvládám | | | |  |  |  |  | |  | mixovaná strava | | | | | | |  |
|  |  | |  | | | |  |  |  |  | |  |  | | | | | |  |  |
| Pohyblivost, schopnost pohybu | | | | | | | | |  |  | |  |  | | | | | |  |  |
|  |  | | s pomocí hole | | | | |  |  |  | |  | nechodím vůbec | | | | | | |  |
|  |  | | s pomocí chodítka | | | | |  |  |  | |  | používám vozík | | | | | | |  |
|  |  | |  | | | |  |  |  |  | |  |  | | | | | |  |  |
| Možná rizika, která mohou nastat během poskytování služby | | | | | | | | | |  | |  |  | | | | | |  |  |
|  |  | | riziko pádu z lůžka | | | | |  |  |  | |  | vdechnutí stravy, tekutin | | | | |
|  |  | | riziko pádu při chůzi | | | | |  |  |  | |  | sebepoškození | | | | | | |  |
|  |  | | bloudění, ztráta | | | | |  |  |  | |  | vznik proleženin | | | | | | |  |
|  |  | | úraz, poranění | | | | |  |  |  | |  | nedostatečná adaptace | | | | |
|  |  | |  | | | |  |  |  |  | |  |  | | | | | |  |  |
| Verbální komunikace (slovy) | | | | | | | |  |  |  | |  |  | | | | | |  |  |
|  |  | | dobrá | | | |  |  |  |  | |  | silně omezená | | | | | | |  |
|  |  | | ztížená | | | |  |  |  |  | |  | nekomunikuje | | | | | | |  |
|  |  | |  | | | |  |  |  |  | |  |  | | | | | |  |  |
| Jak komunikujete, jakým způsobem? | | | | | |  | | | | |  | | |  |  |  |  |
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| Orientace časem, místem osobou | | | | | |  | | | | |  | | |  |  |  |  |
|  | orientovaný | | |  |  |  | | | | |  | | |  | neorientovaný | |  |
|  | částečně orientovaný | | | |  |  | | | | |  | | |  |  |  |  |
|  |  |  | |  |  |  | | | | |  | | |  |  |  |  |
| Další informace o tom, co je pro Vás důležité | | | | | | | | | | |  | | |  |  |  |  |
|  | | | | | | | | | | | | | | | | | |
|  |  |  | |  |  |  | | | | |  | | |  |  |  |  |
| Co od nás očekáváte | | | | |  |  | | | | |  | | |  |  |  |  |
|  | | | | | | | | | | | | | | | | | |
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|  |  | Datum: | |  |  | Podpis: | | | | |  | | | | | |  |
|  |  |  | |  |  |  | | | | |  | | |  |  |  |  |