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| **Exercise and Healthy Eating Preferences:** | **Support Needed for Physical Activity and Healthy Eating** |
|  | **🞐 Dietary considerations MUST be implemented as described by Medical Professional**  **🞐 Healthy Eating can be supported via guidance and education with some flexibility in dietary choices** |
| **Signs / Symptoms Per Medical Professional to Monitor** | **Instructions per Medical Professional for Supports or Assistance with Medical Needs** |
| **🞐 Documentation in Daily Note**  **🞐 Documentation Form/Sheet other than Daily Note**  **🞐 Report to Agency Nurse**  **🞐 Call Medical Professional** | **🞐 Documentation of Instructions provide by Medical Professional**  **🞐 Verbal Recommendation during last visit** |