



Name: \_\_\_\_\_  
 PHIN: \_\_\_\_\_  
 MHSC: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Postal Code: \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Gender: \_\_\_\_\_

## HOME CARE ASSIGNED TASK MONITORING RECORD

<b>Assigned Task(s):</b>
<b>Date of Monitoring Visit (DD/MMM/YYYY):</b>

Assignment Essential Element Reviewed	YES	NO	N/A	If No, specify action(s) taken
Client's health status is stable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Client's response to assigned task is predictable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prescriber orders are current within six (6) months for prescribed medication/treatment (if required).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Client unable to perform task with or without teaching.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medication and Treatment Record(s) are consistent with the current prescriber order.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Completed Assigned Medication and Treatment Records returned to the community area office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have concerns been identified regarding client or back up plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If concerns identified, have they been communicated to the Case Coordinator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is Assignment appropriate to continue? If No, Case Coordinator must be notified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Concerns Identified:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Reviewed By** (print first and last name): \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_