

Instructions: Please complete for each person served weekly, more often if needed.

\*Must be password-protected for electronic sharing



**Person Served Checklist**

Name:

| #  | Inventory of Person served health, supplies, needs:   | ✓ Need | ✓ Completed |
|----|---|--------|-------------|
| 1. | Tell me what the symptoms are for COVID (Corona virus)  |        |             |
|    | What symptoms of COVID have you experienced? (if none, go to #3)                                      |        |             |
|    | “Have you been coughing or had a hard time catching your breath?”                                     |        |             |
|    | Have you felt warm or feverish?” When did you feel this way? What was your temperature?               |        |             |
|    | “Can you inhale deeply and hold your breath in for 10 seconds?” “Let’s do it together over the phone” |        |             |
| 2. | Tell me the steps you should take when you have symptoms.   |        |             |
|    | When did you call your doctor?  |        |             |
|    | What did your doctor tell you to do?  |        |             |
|    | What date did you start staying away from other people/quarantine?                                    |        |             |
| 3  | Tell me how to avoid the COVID (Corona Virus) What are the precautions?                               |        |             |
|    |   |        |             |
|    | What sort of things or reasons are you going out for”?  |        |             |

|     |   |  |  |
|-----|---|--|--|
|     | “Tell me what you have been doing to stay well and keep 6 feet of social distance from others?”   |  |  |
|     | Do you wear gloves or a mask when you go out?”  |  |  |
| 5.  | Tell me about your Communication plan with Bridgeway providers?   |  |  |
|     | How frequently are you in contact?  |  |  |
| 6.  | <b>“How much food do you have...”</b> Enough food for two weeks? One week?  |  |  |
|     | What is your plan for getting food? What help do you need?  |  |  |
| 7.  | How many days of Medication do you have? or “When will your medication run out?”  |  |  |
|     | How are you getting your medication? What help do you need?   |  |  |
|     | What over the counter medicines do you have? Tylenol/acetaminophen/motrin   |  |  |
| 8.  | “Tell me your social supports”—who i can provide assistance.  |  |  |
|     | “Where do you have important phone numbers for family and friends written down on paper and in your phone? What help do you need getting these? |  |  |
|     | Which of your supports have you talked to about being part of your support plan   |  |  |
| 9.  | Tell me the name and phone number of your Primary care provider?  |  |  |
| 10. | “What cleaning supplies do you have at home?”   |  |  |
|     | “How often are you using them?”   |  |  |
|     | “What things are you cleaning?”   |  |  |
| 11. | What things are you doing at home to keep busy: Identify/share activities that can be done in home if   |  |  |

|     |   |  |  |
|-----|---|--|--|
|     | quarantined-reading, yoga, writing, cleaning project, etc   |  |  |
|     | “How have you been spending your time since we last spoke?” “What have you been doing to pass the time?” “Are you bored?” “Can I help you to think of some new things to do while you are stuck at home”? |  |  |
| 12. | How many minutes in your phone plan?” “What will you do if you run out of minutes?”   |  |  |
| 13. | How many days is your money going to last? Will it last until the end of the month?”  |  |  |
|     | “What do you plan to do if you run short?” What help do you need?   |  |  |
|     | “When are the bills due? Which bills will you pay? and “how much money do you have to pay them with?”   |  |  |
| 14. | Go into clinical review and schedule activities   |  |  |
|     |   |  |  |
|     |   |  |  |

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