

This is an **Example** of a Resident Quarterly Review Sheet and may be used as a guideline for your reviews. In preparing your own document, please use a similar format. Add or delete information and services as they apply to your individual residents and their needs.

Resident Quarterly Review Sheet

Resident's name _____

Quarter one (1) review date _____

Summary of medical activity this quarter:

Changes that affected the assisted living plan
___Yes ___No If yes, describe

Resident or Rep. has been informed of this review
___Yes ___NO

Signature of ALH staff _____ Date _____

Resident's name _____

Quarter one (1) review date _____

Summary of medical activity this quarter:

Changes that affected the assisted living plan
___Yes ___No If yes, describe

Resident or Rep. has been informed of this review
___Yes ___NO

Signature of ALH staff _____ Date _____

Resident's name _____

Quarter two (2) review date _____

Summary of medical activity this quarter:

Changes that affected the assisted living plan
___Yes ___No If yes, describe

Resident or Rep. has been informed of this review
___Yes ___NO

Signature of ALH staff _____ Date _____

Resident's name _____

Quarter two (2) review date _____

Summary of medical activity this quarter:

Changes that affected the assisted living plan
___Yes ___No If yes, describe

Resident or Rep. has been informed of this review
___Yes ___NO

Signature of ALH staff _____ Date _____