



Please check areas of experience:

**Personal Hygiene**

- Shower/Tub Bath
- Hair washing
- Bed Bath
- Brushing Teeth
- Undressing/Dressing
- Grooming
- Cosmetic Application

**Bowel Care**

- Digital Stimulation
- Suppositories
- Manual Removal

**Urinary Care**

- Irrigate Catheter/Bladder
- Check Urinary pH
- Leg Bag: Application and Care of
- Apply Condom
- Intermittent Catheterization:
  - Sterile Technique. Intermittent
  - Catheterization: Clean Technique
- Autonomic Dysreflexia

**Respiratory Care**

- Assisted Coughing
- Suctioning
- Percussion, Vibration
- Drainage

**Skin Care**

- Inspection
- Turning, Positioning
- Weight Shifts

**Others**

- Range of Motion
- Transfers
- Hoyer Lift
- Sliding Board
- Power Wheelchair

**Cleaning/Housekeeping**

- Change Linens, Make Bed
- Cooking
- Laundry
- Shopping
- Cleaning

**Other**

- Obtaining supplies
- Care of equipment/supplies
- Medications
- Feed at Mealtimes

**Experience with the Following Disabilities**

- Quadriplegics
- Paraplegics
- Polio
- Muscular Dystrophy
- Cerebral Palsy
- Strokes
- Others: \_\_\_\_\_

Are there any things which you would not do?

YES  NO  If yes, please explain \_\_\_\_\_

\_\_\_\_\_