Texas Department of Aging
and Disability Services

Form **3643**
November 1996

Discipline	Month and Year of Service
☐ **PT** ☐ **OT** ☐ **ST**	

NURSING RESTORATIVE CARE PROGRAM

SECTION I – PLAN OF CARE

Goals

Date Restorative Initiated

1. _____
2. _____
3. _____
4. _____

Approaches (with frequency)

1. _____
2. _____
3. _____
4. _____
5. _____

_____ Signature–RN

_____ Signature–Therapist

_____ Signature–Therapist

SECTION II – APPROACHES: W=Withheld R=Refused D=Discharged Document in Weekly Notes the reason if "Withheld" or "Refused."

APPROACHES	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Approach #1																															
Approach #2																															
Approach #3																															
Approach #4																															
Approach #5																															

NOTE: Each person who initials the approaches (above) must initial and sign below.

Initials	Signature	Initials	Signature	Initials	Signature
Initials	Signature	Initials	Signature	Initials	Signature

Resident Name: _____ Room No.: _____

SECTION III – DOCUMENT RESIDENT'S RESPONSE AND PROGRESS TOWARD GOALS(S):

Week 1 – Response

Signature Date

Week 2 – Response

Signature Date

Week 3 – Response

Signature Date

Week 4 – Response

Signature Date

Week 5 – Response

Signature Date

SECTION IV – MONTHLY REVIEW

A. Is the Plan of Care appropriate? ☐ **Yes** ☐ **No**

B. Are changes to the Restorative Program recommended? ☐ **Yes** ☐ **No**

Are changes recommended to the Goals? ☐ **Yes** ☐ **No**

Are changes recommended to the Approaches? ☐ **Yes** ☐ **No**

If YES to any items in B, update next month's SECTION I–PLAN OF CARE with the changes.

Comments:

C. Continue Program? ☐ **Yes** ☐ **No** D. Discharge to basic nursing? ☐ **Yes** ☐ **No**

Signature–Licensed Staff Date