

CERTIFICATE FOR ATTENDANT CARE

I have examined and/or treated _____ (patient) for injuries sustained on _____. In my professional opinion, as a result of the injuries sustained in the accident/incident, the above named patient is in need of the attendant care services as required by:

- 1. An **RN/LPN** who may assist in assessing the patient's needs, addressing and administering to the patient's needs, teaching self care, providing nursing evaluation and assessments, administering nursing care under a doctor's direction, and administering medication.

- 2. A **Nurse's Aide/Family Member** who attends to and cares for the patient due to physical injuries and/or subsequent surgery resulting in physical disability. Caregiver responsibilities may include; but are not limited to: grooming of the patient; helping the patient to the bathroom; assisting in bathing; assisting in dressing and undressing the patient; assisting in the changing of bandages and wound dressings; service of furnishing, preparing and serving food to the patient; assisting in dietary needs per doctor's orders; administering medication; taking patient to doctor's appointments; assisting patient with transportation needs; assisting in rehabilitative exercise and/or in rehabilitative therapy; assistance in bringing, carrying and lifting for the patient; and monitoring and supervising any changes and/or problems with deterioration and administering medications and/or taking the appropriate course of action.

- 3. An **Nurse's Aide/Family Member** who attends to and cares for the patient due to a brain injury and subsequent related symptoms and deficits. Caregiver responsibilities may include; but are not limited to: personal care and grooming of the patient, helping the patient to the bathroom, assisting in bathing, assisting in dressing and undressing the patient, service of furnishing, preparing and serving food to the patient, assisting in dietary needs per doctor's orders, administering all medication, driving patient to doctor's appointments, fulfilling all other transportation needs; assisting in cognitive rehabilitative exercises and therapy; assisting in tactual organization and planning of daily events and living; assisting with patients daily appointment/agenda planning and coordination; assisting patient with finance and bill payment administration; and monitoring and supervising any changes and/or problems with deterioration and administering medications and/or taking the appropriate course of action.

Patient Diagnosis: _____

It is my opinion that the patient is/was in need of attendant care from ____/____/____ to ____/____/____ for ____ hours per day for ____ days per week.

Dated: _____

Signed: _____

Doctor/Nurse

Print Name

Address/City/State/Zip