

DATE PLAN INITIATED _____

[illegible]

Resident Name _____ **Medical Record #** _____

MONTHLY BEHAVIOR SUMMARY BROKEN INTO SHIFTS

[illegible]

NARRATIVE MONTHLY BEHAVIOR SUMMARY

[illegible]

MOOD AND BEHAVIOR TRACKING SYMPTOMS

THE FOLLOWING ARE A LIST OF MOOD/BEHAVIOR SYMPTOMS TO BE UTILIZED ON THE FACILITY BEHAVIOR/MOOD SYMPTOM TRACKING TOOL. PLEASE DO NOT ADD ANY OTHER SYMPTOMS ON TRACKING LOGS PRIOR TO DISCUSSING WITH BEHAVIOR MANAGEMENT TEAM.

WANDERING BEHAVIORAL SYMPTOMS:

**RESTLESSNESS
PACING TO THE POINT OF EXHAUSTION
WANDERING INTO INAPPROPRIATE PLACES
ATTEMPTING TO LEAVE FACILITY
LOUD POUNDING ON DOORS**

VERBALLY ABUSIVE BEHAVIOR SYMPTOMS:

**SCREAMING
VERBALLY THREATENING
SWEARING**

PHYSICALLY ABUSIVE BEHAVIORAL SYMPTOMS:

**HITTING
KICKING
BITING
SCRATCHING/PINCHING**

SOCIALLY INAPPROPRIATE/DISRUPTIVE BEHAVIORAL SYMPTOMS:

**DISRUPTIVE SOUNDS
NOISINESS/SCREAMING
SELF ABUSIVE ACTS
UNDESIRED SEXUAL BEHAVIOR
DISROBING IN PUBLIC
SMEARED/THREW FOOD/FECES
HOARDING
RUMMAGED THROUGH OTHER'S BELONGINGS**

RESISTS CARE:

**RESISTS ADL CARE
REFUSES TO EAT
RESISTED TAKING MEDICATIONS**

PARANOID BEHAVIOR SYMPTOMS:

**SUSPICIOUSNESS/FEARFULNESS
HALLUCINATIONS (SPECIFY)
DELUSIONS (SPECIFY)
DISORGANIZED THINKING**

MOOD BEHAVIOR SYMPTOMS:

**CRYING/TEARFULNESS
PERSISTENT ANGER TOWARD SELF OR OTHERS
SOCIAL WITHDRAWAL**

With permission from Iosco Medical Care Facility