

# CLIENT ASSESSMENT

## *Senior Care Connections*

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Assessment By Sarah Smith  
Assessment On 11/07/2009

Sample Case  
124 Maple Ave  
Your City, FL 32800

This is a display of **All Categories with Narratives / Answer wizards** to the corresponding **Issues** as checked / selected in the **Client Assessment** module.

**Custom setup allows adding additional Issues and Answer wizards or entirely new categories to meet your specific requirements for client specific assessments**

### ADL - Ability to Dress

What is client's ability to dress?

- No problems noted or observed  
No problems were noted or observed
- Requires assistance dressing  
Client requires assistance dressing
- Requires no assistance dressing  
Client requires no assistance and can independently dress
- Unknown or not assessed  
Unknown or not assessed

### ADL - Ability to Use Telephone

Does client have ability to use telephone?

- No problems noted or observed  
No problems were noted or observed
- Requires assistance using telephone  
Client requires assistance using telephone
- Requires no assistance using telephone  
Client has full ability to use telephone and requires no assistance
- Unknown or not assessed  
Unknown or not assessed

### ADL - Ambulation / Locomotion

Indicate client's ability to ambulate

- No problems noted or observed  
No problems were noted or observed
- Requires assistance with ambulation  
Client requires assistance with ambulation
- Requires no assistance with ambulation and can move independently  
Client requires no assistance with ambulation and can move independently
- Unknown or not assessed  
Unknown or not assessed

### ADL - Bathing

What is client's ability to bath himself / herself?

- No problems noted or observed

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No problems were noted or observed  
Requires assistance to bathe  
Client requires assistance to bathe  
Requires no assistance to bathe  
Client can independently bathe and requires no assistance  
Requires standby assistance when bathing  
Client requires standby assistance when bathing  
Unknown or not assessed  
Unknown or not assessed

#### ADL- Feeding / Eating

Indicate client's ability to feed himself / herself

No problems noted or observed  
No problems were noted or observed  
Requires assistance with feeding  
Client requires assistance with feeding  
Requires no assistance with feeding  
Client requires no assistance and can independently feed himself / herself  
Unknown or not assessed  
Unknown or not assessed

#### ADL- Grooming

What is client's ability to maintain own grooming?

No problems noted or observed  
No problems were noted or observed  
Requires assistance with grooming  
Client requires total assistance with grooming  
Requires no assistance with grooming  
Client requires no assistance with grooming  
Unknown or not assessed  
Unknown or not assessed

#### ADL- Meals

Indicate how client receives meals, number of meals per day, diet restrictions, etc.

Dislikes specific foods  
Client dislikes specific foods  
Has diet restrictions  
Client has diet restrictions  
Has no diet restrictions  
Client has no diet restrictions  
No problems noted or observed  
No problems were noted or observed  
Prefers specific foods  
Client prefers or likes specific foods  
Receives meals from "Meals-on-Wheels"  
Client receives meals from "Meals-on-Wheels"  
Receives meals from family member or friend  
Client receives meals from family member or friend  
Receives meals from spouse  
Client receives meals from spouse

#### ADL- Means of Moving Around Home

Describe means of which client moves around the home

Has ability to move around home unassisted

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Client has ability to move around home unassisted

No problems noted or observed

No problems were noted or observed

Requires a cane

Client requires a cane

Requires a walker

Client requires a walker

Requires a wheelchair

Client requires a wheelchair

Unknown or not assessed

Unknown or not assessed

Uses furniture or holds walls for support

Client uses furniture or holds walls for support

#### ADL- Physical Appearance

Indicate client's general physical appearance

Cleanliness - Client is clean

Client found to be clean

Cleanliness - Client is dirty

Client found to be dirty

Hair - Client's hair is combed

Client's hair was combed

Hair - Client's hair is not combed

Client's hair is not combed

Hair - Client's hair is not washed

Client's hair is not washed

Hair - Client's hair is washed

Client's hair is washed

Makeup - Applied properly

Client has makeup properly applied

Makeup - Not Applied properly

Client's makeup is not applied properly

No problems noted or observed

No problems were noted or observed

Shave - Client is clean shaven

Client is clean shaven

Shave - Client is not clean shaven

Client is not clean shaven

Unknown or not assessed

Unknown or not assessed

#### ADL- Toileting

What is client's toileting ability?

No problems noted or observed

No problems were noted or observed

Requires assistance with toileting

Client requires assistance with toileting

Requires no assistance with toileting

Client requires no assistance with toileting

Requires standby assistance with toileting

Client requires standby assistance with toileting

Requires urine or fecal diversion

Client requires urine or fecal diversion

Requires use of a catheter

Client uses a catheter

Requires use of commode or bedpan

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Client uses commode or bedpan

Requires use of pads or briefs

Client uses pads or briefs

Unknown or not assessed

Unknown or not assessed

#### Advance Directives, Wills / Legal Issues

Indicate and describe any client legal issues, if assistance is required, availability of advance directives, wills, POAs, etc.

Has Advance Directives, Will, Powers of Attorney, etc.

Client has Living Will, Last Will, DNR, Powers of Attorney, Healthcare Surrogate, etc.

Requires assistance with legal issues, Advance Directives, Wills, etc

Client requires assistance with legal issues, Last Will and Testament / Advance Healthcare Directive / Powers of Attorney / Estate Planning / other

Requires no assistance with preparation of Advance Directives or legal issues

Client requires no assistance with Advance Directives or legal issues

#### Allergies

List and describe client's allergies, if any

Exhibits allergic effects from unknown sources

Client exhibits allergic effects from unknown sources

Has allergies

Client has allergies

Is free of allergies

Client is free of allergies

No problems noted or observed

No problems were noted or observed

Unknown or not assessed

Unknown or not assessed

#### Assistive Items Required or Equipment in the Home

What assistive items or equipment does the client require and / or are available in the home?

Requires a cane

Client requires a cane

Requires a ventilator

Client requires a ventilator

Requires a walker

Client requires a walker

Requires crutches

Client requires crutches

Requires no assistive items or equipment

Client requires no assistive items or equipment

Requires oxygen

Client requires oxygen

Requires transfer bed or chair

Client requires transfer bed or chair

Requires wheelchair

Client requires wheelchair

Unknown or not assessed

Unknown or not assessed

#### Behavioral Issues - Anxiety Level

When does the client experience anxiety?

Experiences anxiety all of the time

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Client experiences anxiety all of the time  
Experiences anxiety most of the time  
Client experiences anxiety most of the time (i.e. daily)  
Experiences anxiety some of the time  
Client experiences anxiety some of the time (i.e. less than daily)  
Experiences no anxiety  
Client does not experience anxiety  
No problems noted or observed  
No problems were noted or observed  
Unknown or not assessed  
Unknown or not assessed

Behavioral Issues - Behavior Problems Frequency

How frequently does client reportedly demonstrate significant behavioral problems; (e.g.) verbal disruption, physical aggression, wandering episodes, self abuse, etc.)?

Demonstrates behavioral issues at least daily  
Client demonstrates behavioral issues at least daily  
Demonstrates behavioral issues less than once a month  
Client demonstrate behavioral issues less then once a month  
Demonstrates behavioral issues once a month  
Client demonstrates behavioral issues once a month  
Demonstrates behavioral issues several times a week  
Client demonstrates behavioral issues several times a week  
Demonstrates behavioral issues several times each month  
Client demonstrates behavioral issues several times each month  
Demonstrates no behavioral issues  
Client demonstrates no behavioral issues  
No problems noted or observed  
No problems were noted or observed  
Unknown or not assessed  
Unknown or not assessed

Behavioral Issues - Behaviors Demonstrated

Indicate behaviors client currently demonstrates at least once a week (from observation or report)

Demonstrates delusions, hallucinations or paranoid ideations  
Client demonstrates delusions, hallucinations, paranoid ideations  
Demonstrates disruptive, infantile, or socially inappropriate behavior  
Client demonstrates disruptive, infantile, or socially inappropriate behavior  
Demonstrates impaired decision-making  
Client demonstrates impaired decision-making, failure to perform usual ADLs or IADLs and inability to appropriately stop activities, jeopardizes safety through actions  
Demonstrates memory deficit  
Client demonstrates memory deficit and failure to recognize familiar persons/places and inability to recall events of past 24 hours, significant memory loss so that supervision is required.  
Demonstrates no behavioral issues  
Client does not demonstrate any behavioral issues  
Demonstrates physical aggression  
Client demonstrates physical aggression: aggressive or combative to self and others; hits self, throws objects, punches, dangerous maneuvers with wheelchair  
Demonstrates verbal disruption  
Client demonstrates verbal disruption: yelling, Threatening, Excessive profanity, sexual references, etc  
No problems noted or observed  
No problems were noted or observed  
Unknown or not assessed  
Unknown or not assessed

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Behavioral Issues - Behaviors Observed

Has client been observed with behaviors indicated?

No problems noted or observed

No problems were noted or observed

Observed attempting suicide

Client observed attempting suicide

Observed exhibiting agitation

Client observed exhibiting agitation

Observed having an unwillingness to become more independent

Client has been observed to have an unwillingness to become more independent

Observed having crying spells

Client observed have crying spells

Observed having sleep disturbances

Client has been observed having sleep disturbances; e.g. inability to sleep throughout the night, early morning awakening, etc.

Observed withdrawing from social interaction

Client has been observed withdrawin from social interaction

Unknown or not assessed

Unknown or not assessed

Behavioral Issues - Cognitive Functioning

What is the client's level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands?

Exhibits normal cognitive functioning

Client exhibits normal cognitive functioning

Is alert, oriented, able to focus

Client is alert / orients, able to focus and shift attention, comprehends and recalls task direction independently

Is totally dependent due to coma, persistent vegetative state, or delirium

Client is totally dependent due coma, persistent vegetative state, or delirium

No problems noted or observed

No problems were noted or observed

Requires assistance and some direction in specific situations

Client requires assistance and some direction specific situation; e.g., on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility

Requires maximum assistance with cognitive functioning

Client requires maximum assistance with cognitive functioning

Requires minimal assistance with cognitive functioning

Client requires minimal assistance with cognitive functioning

Requires moderate assistance with cognitive functioning

Client requires moderate assistance with cognitive functioning

Requires prompting, cueing, repetition, etc)

Client requires prompting (cueing, repetition, reminders) only under stressful or unfamiliar conditons

Requires total assistance with cognitive functioning

Client requires total assistance with cognitive functioning

Unknown or not assessed

Unknown or not assessed

Behavioral Issues - Depressive Feelings

Have you observed or have been told that the client experiences depressive feelings as indicated?

Exhibits a sense of isolation, loneliness or boredom

Client exhibits a sense of isolation, loneliness or boredom

Exhibits normal behavior, no signs of depression

Client exhibits normal behavior and does not have feelings of depression

Experiences a sense of failure or self reproach

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Client experiences a sense of failure or self reproach  
Experiences a sense of helplessness or dependency  
Client feels a sense of helplessness or dependency  
Has a preoccupation with death  
Client exhibits a preoccupation with death or a sense of doom  
Has feelings of hopelessness  
Client feels a sense of hopelessness  
Has thoughts of suicide  
Client has thoughts of suicide  
No problems noted or observed  
No problems were noted or observed  
Unknown or not assessed  
Unknown or not assessed

Behavioral Issues - When confused

When is the client reported to be confused?

Exhibits normal behavior and no confusion  
Client exhibits normal behavior and no confusion  
Experiences confusion during the day or constantly  
Client experiences confusion upon awakening or at night only  
Experiences confusion in new or complex situations only  
Client experiences confusion in new or complex situations only  
Experiences confusion on awakening or at night only  
Client does not experience confusion upon awakening or at night  
Is non-responsive  
Client is non-responsive  
No problems noted or observed  
No problems were noted or observed  
Unknown or not assessed  
Unknown or not assessed

Cohabitation status

With whom is the client currently living?

Lives alone  
Client lives alone  
Lives with family member  
Client lives with family member  
Lives with friend  
Client lives with friend  
Lives with other  
Client lives with other person  
Lives with paid help  
Client lives with paid help  
Lives with spouse or significant other  
Client lives with spouse or significant other  
Unknown or not assessed  
Unknown or not assessed

Current Residence Data

Where does the client currently reside?

Resides at a hospital  
Client resides at a hospital  
Resides in a boarding home or rented room  
Client resides in a boarding home or rented room  
Resides in a family member's residence

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Client resides in a family member's residence

Resides in a nursing Home

Client lives in a nursing home

Resides in a specialized housing for the elderly

Client resides in specialized housing for the elderly

Resides in an adequate environment to meet needs

Client resides in an environment adequate to meet needs

Resides in an assisted living facility

Client resides in an assisted living facility

Resides in an owned or rented residence

Client resides in a owned residence, rented residence / apartment / trailer / mobile or modular home

#### Elimination Status - Bowel Incontinence

How frequently does client have bowel incontinence?

Experiences bowel incontinence

Client experiences bowel incontinence

Experiences bowel incontinence less than once weekly

Client experiences bowel incontinence less than once per week

Experiences bowel incontinence more often than once daily

Client experiences bowel incontinence more often than once daily

Experiences bowel incontinence on a daily basis

Client experiences bowel incontinence on a daily basis

Experiences bowel incontinence once to three time weekly

Client experiences bowel incontinence once to three time weekly

Has an ostomy

Client has an ostomy

No problems noted or observed

No problems were noted or observed

Rarely or never experiences bowel incontinence

Client very rarely or never experiences bowel incontinence

Unknown or not assessed

Unknown or not assessed

#### Elimination Status - Ostomy

Does client have an ostomy that within the last 4 days: a) was related to an inpatient facility, stay or b) necessitated a change in medical regimen? (Exclude any ostomy whose purpose is facilitating drainage of urine.)

Has an ostomy

Client has an ostomy. The ostomy was related to an inpatient stay or necessitated change in medical regimen

No problems noted or observed

No problems were noted or observed

Unknown or not assessed

Unknown or not assessed

#### Elimination Status - Urinary Incontinence - Catheter Presence

Does client have urinary incontinence OR a condition requiring the use of a urinary catheter?

Experiences no urinary incontinence

Client does not experience urinary incontinence

Experiences urinary incontinence

Client experiences urinary incontinence

No problems noted or observed

No problems were noted or observed

Requires a urinary catheter

Client requires a urinary catheter, i.e. external, indwelling, intermittent, suprapubic



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Unknown or not assessed  
Unknown or not assessed

Behavioral Issues - When confused

When is the client reported to be confused?

Dependent on time-voiding to defer incontinence  
Client is dependent on time-voiding to defer incontinence  
Experiences incontinence during the day and night  
Client experiences incontinence during the day and night  
Experiences incontinence during the night only  
Client experiences incontinence during the night only  
Experiences no urinary incontinence  
Client does not experience urinary incontinence  
Experiences Ureterostomy / Anuria  
Client experiences Ureterostomy / Anuria  
Incontinence controlled with a catheter  
Client's incontinence is controlled with a catheter  
No problems noted or observed  
No problems were noted or observed  
Unknown or not assessed  
Unknown or not assessed

Elimination Status - Urinary Track / Infections

Indicate if client now has urinary track issues or has had a history of urinary track infections or been treated for a urinary tract infection in the past 14 days?

Has a urinary track infection or other urinary problems  
Client has history of urinary track infections / frequent urination / UTI'S / blood in urine / dribbling / pain or burning urinating / vaginal / penile discharge / kidney disease / kidney stones / sexual concern etc.  
No problems noted or observed  
No problems were noted or observed  
Unknown or not assessed  
Unknown or not assessed

Endocrine - Insulin Dependency

Does client or caregiver demonstrate knowledge and skill with insulin preparation, injections and glucometer testing even though they verbally acknowledge ability?

Has hypo/hyperthyroidism history  
Client has hypo/hyperthyroidism history  
Is insulin dependent  
Client is insulin dependent  
No problems noted or observed  
No problems were noted or observed  
Requires assistance with administering insulin  
Client requires assistance with administering insulin  
Target range of Fasting Blood Sugar 80 to 150 or more  
Client's Fast Blood Sugar target range is: (edit)  
(a) 80 - 150 (b) other (notate)  
Unable to administer insulin due to:  
Patient has: (edit):  
(a) Learning deficit  
(b) Severe visual impairment  
(c) Hand/finger tremor or deformity  
(d) Needs glucometer  
(e) Patient or other requires instruction  
Unknown or not assessed

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Unknown or not assessed

Financial Factors - Health Needs

What are the financial factors impacting client's ability to meet health needs?

Financial factors do effect health needs

Financial factors effect health needs

Financial factors do not effect health needs

There are no financial factors effecting health needs

Unable to afford food

Client is unable to afford food

Unable to afford medicine or medical supplies

Client is unable to afford medicine or medical supplies

Unable to afford rent or utility bills

Client is unable to afford rent or utility bills

Unable to afford uninsured medical expenses

Client is unable to afford medical expenses that are not covered by insurance / Medicare (e.g. copayments)

Unknown or not assessed

Unknown or not assessed

Functional Limitations

What functional limitations does client have?

Has an amputation

Client has amputation

Has dyspnea with minimal exertion

Client experiences Dyspnea with minimal exertion

Has functional limitation with bowel or bladder

Client has functional limitations with bowel/bladder

Has limitations with endurance

Client has endurance limitations

Has limitations with hearing

Client exhibits hearing limitations

Has paralysis

Client has paralysis

Is legally blind

Client is legally blind

No problems noted or observed

No problems were noted or observed

Unknown or not assessed

Unknown or not assessed

Geriatric Depression Scale (GDS)

GDS maximum score = 15)

0 - 4 Normal

5 - 8 Mild

8 - 11 Moderate

12 - 15 Severe

Adapted from: Dept of Psychiatry and Behavioral Sciences

Stanford University of Medicine, Stanford, CA 94305

<http://www.stanford.edu/~yesavage/Testing.htm>

Does not feel full of energy

Client does not feel full of energy

Does not feel happy most of the time

Client does not feel happy most of the time

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Feels bored often

Client often gets bored

Feels current situation is hopeless

Client feels current situation is hopeless

Feels helpless often

Client often feels helpless

Feels life is empty

Client feels that life is empty

Feels pretty worthless the way they are now

Client feels pretty worthless now

Feels there are more problems with memory than most

Client is concerned more about memory problems than most

Has dropped many activities and interests

Client has dropped many interest and activities

Is afraid that something bad is going to happen

Client is afraid that something bad is going to happen

Is basically not satisfied with life

Client is basically not satisfied with life

Is not in good spirits most of the time

Client is not in good spirits most of the time

Prefers to stay at home, rather than going out and doing new things

Client prefers to stay at home, rather than going out and doing new things

Thinks it is not wonderful to be alive now

Client thinks that it is not wonderful to be alive now

Thinks that most people are better off

Client thinks that most people are better off

Hearing and Auditory - Comprehension of Language

Which best describes the client's hearing and ability to understand spoken language? (Hearing refers to the ability to hear with hearing aids if patient usually wears them).

Exhibits difficulty hearing and need for prompting

Client exhibits difficulty hearing and need for prompting

Exhibits hearing impairment

Client exhibits hearing impairment

Exhibits inability to hear and understand familiar words, etc

Client exhibits inability to hear and understand familiar words, common expressions consistently.

Exhibits need for occasional repetition, extra time, etc.

Client exhibits need for occasional repetition, extra time or louder voice

Exhibits severe difficulty in hearing

Client exhibits severe difficulty in hearing

No hearing problems noted or observed

Patient has no hearing problems

Unknown or not assessed

Unknown or not assessed

Home - Appliance - Dryer

Dryer is in good working order  
Dryer is in good working order

Dryer is in good working order

Dryer is not in good working order  
Dryer is not in good working order

Dryer is not in good working order

Home - Appliance - Electric Range

Electric range is not safe nor in good working order  
Electric range is not safe nor in good working order

Electric range is not safe nor in good working order

Electric range is safe and in good working order  
Electric range is safe and in good working order

Electric range is safe and in good working order

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Home - Appliance - Gas Range

Gas range is not safe nor in proper working order  
Gas range is not safe nor in proper working order  
Gas range is safe and in proper working order  
Gas range is safe and in proper working order

Home - Appliance - Refrigerator

Refrigerator is in good working order  
Refrigerator is in good working order  
Refrigerator is not in good working order  
Refrigerator is not in good working order

Home - Appliance - Washer

Washer is in good working order  
Washer is in good working order  
Washer is not in good working order  
Washer is not in good working order

Home - Appliance - Water Heater

Water heater is in good working order  
Water heater is in good working order  
Water heater is not in good working order  
Water heater is not in good working order

Home - Bathroom

Bath or shower bench is not present  
Bath or shower bench is not present  
Bath or shower bench is present  
Bath or shower bench is present  
Clothes hamper is in place  
Has a clothes hamper in place  
Clothes hamper is not in place  
Clothes hamper is not in place  
Faucets are clearly marked Hot & Cold  
Faucets are clearly marked Hot and Cold  
Faucets are not clearly marked Hot & Cold  
Faucets are not clearly marked Hot & Cold  
Hand supports or grab bars are installed in shower and/or bathtub  
There are hand supports and grab bars installed in shower and/or bath  
Hand supports or grab bars are not installed in shower and/or bathtub  
Hand supports or grab bars are not installed in shower and/or bathtub  
Hand supports or grab bars are not secure  
Hand supports or grab bars are not secure  
Hand supports or grab bars are secure  
Hand support or grab bars are secure  
Nite lights are not present  
Nite lights are not present  
Nite lights are present  
Nite lights are present  
Non-skid decals or mats are in shower and/or bathtub  
Non-skid decals or mats are in shower and/or bathtub  
Non-skid decals or mats are not in shower and/or bathtub  
Non-skid decals or mats are not in shower and/or bathtub  
Rugs and/or floor mats are not secure  
Rugs and/or floor mats are not secure  
Rugs and/or floor mats are secure  
Rugs and/or floor mats are secure  
Shower has hose or extension

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Shower has hose or extension  
Shower has no hose or extension  
Shower has no hose or extension  
Telephone is not within easy access  
Telephone is not within easy access  
Telephone is within easy access  
Telephone is within easy access  
There is clutter  
There is clutter  
There is no clutter  
There is no clutter  
Toilet / commode is clean  
Toilet / commode is clean  
Toilet / commode is not clean  
Toilet / commode is not clean  
Toilet extender is not present  
Toilet extender is not present  
Toilet extender is present  
Toilet extender is in place  
Toiletries are not properly stored  
Toiletries are not properly stored  
Toiletries are properly stored  
Toiletries are properly stored  
Towel supply is adequate  
Towel supply is adequate  
Towel supply is not adequate  
Towel supply is not adequate  
Traffic area is clear and safe  
Traffic area is clear and safe  
Traffic area is not clear and safe  
Traffic area is not clear and safe  
Tub and shower is clean  
Tub and shower is clean  
Tub and shower is not clean  
Tub and shower is not clean

Home - Bedroom

Alarm Clock - Alarm clock is present  
Alarm clock is present in patient's bedroom  
Alarm Clock - None present  
No alarm clock is present  
Area rugs and/or carpets are secure and safe  
Area rugs and/or carpets are secure and safe  
Area rugs and/or carpets are not secure or safe  
Area rugs and/or carpets are not secure or safe  
Bedroom is clean and orderly  
Bedroom is clean and orderly  
Bedroom is not clean or orderly  
Bedroom is not clean or orderly  
Closet is not orderly  
Closet is not orderly  
Closet is not well lighted  
Closet is not well lighted  
Closet is orderly  
Closet is orderly  
Closet is well lighted  
Closet is well lighted  
Clothing is not put away

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Clothing is not put away  
Clothing is put away  
Clothing is put away  
Emergency phone numbers are nearby  
Emergency phone numbers are nearby with easy access  
Emergency phone numbers are not nearby or within easy access  
Emergency phone numbers are not nearby or within easy access  
Flashlight is not within easy access  
Flashlight is not within easy access  
Flashlight is within easy access  
Flashlight is within easy access  
Nite lights are not present or adequate  
Nite lights are not present or adequate  
Nite lights are present and adequate  
Nite lights are present and adequate  
Telephone is near bed and/or within easy access  
Telephone is near bed and/or within easy access  
Telephone is not near bed nor within easy access  
Telephone is not near bed nor within easy access  
Traffic area is clear  
Traffic area is clear  
Traffic area is not clear  
Traffic area is not clear

#### Home - Electrical Safety

Circuits, extension cords or outlets are not overloaded  
Circuits, extension cords or outlets are not overloaded  
Circuits, extension cords or outlets are overloaded  
Circuits, extension cords or outlets are overloaded  
Electrical cords are in good condition  
Electrical cords are in good order  
Electrical cords are not in good condition  
Electrical cords are not in good condition  
Heaters are not placed away from curtains, furnishing or rugs  
Heaters are not placed away from curtains, furnishing or rugs  
Heaters are placed away from curtains, furnishings or rugs  
Heaters are placed away from curtains, furnishing or rugs  
Outlets are not warm to the touch  
Outlets are not warm to the touch  
Outlets are warm to the touch  
Outlets are warm to the touch  
There is broken or outdated equipment  
There is broken or outdated equipment  
There is no broken or outdated equipment  
There is no broken or outdated equipment

#### Home - Emergency Precautions

Emergency Kit - There is a hurricane or storm emergency kit  
Has a hurricane or storm emergency kit  
Emergency Kit - There is no hurricane or storm emergency kit  
Has no hurricane or storm emergency kit  
Exiting - Does not know of two ways to evacuate home in the event of emergency  
Does not know of two ways to evacuate home in the event of emergency  
Exiting - Knows of two ways to evacuate home in the event of emergency  
Knows of two ways to evacuate home in the event of emergency  
Radio - Does not know of radio stations that transmit emergency information  
Does not know of radio stations that transmit emergency information  
Radio - Knows of radio stations that transmit emergency information

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Knows of radio stations that transmit emergency information  
Radio - There is a functioning battery operated radio  
Has a functioning battery operated radio  
Radio - There is no functioning battery operated radio  
Has no functioning battery operated radio  
Safe Area - Does not know of safe place in home to go to in the event of severe storm  
Does not know of safe place in home to go to in the event of severe storm  
Safe Area - Knows of safe area in home to go to in the event of a severe storm  
Knows of safe place in home to go to in the event of severe storm  
TV - There is a functioning television  
Has a functioning television  
TV - There is no functioning television  
Has no functioning television

#### Home - Exterior

Exterior paint, siding or stucco is in good condition  
Exterior paint, siding or stucco is in good condition  
Exterior paint, siding or stucco is not in good condition  
Exterior paint, siding or stucco is not in good condition  
Exterior walls and fences are in good repair  
Exterior walls and fences are in good repair  
Exterior walls and fences are not in good repair  
Exterior walls and fences are not in good repair  
Lawn, hedges and shrubs are not trimmed and maintained  
Lawn, hedges and shrubs are not trimmed and maintained  
Lawn, hedges and shrubs are trimmed and maintained  
Lawn, hedges and shrubs are trimmed and maintained  
There are entrance ramps in place  
There are entrance ramps in place  
There are no entrance ramps in place  
There are no entrance ramps in place  
Tools and yard equipment are not safely stored  
Tools and yard equipment are not safely stored  
Tools and yard equipment are safely stored  
Tools and yard equipment are safely stored  
Walkways are clear and safe  
Walkways are clear and safe  
Walkways are not clear and safe  
Walkways are not clear and safe

#### Home - General Precautions

Eyeglasses - Spare pair of eyeglasses are available  
Spare pair of eyeglasses are available  
Eyeglasses - Spare pair of eyeglasses are not available  
Spare pair of eyeglasses are not available  
First-aid kit - The available kit has up-to-date supplies  
There is a first-aid kit available with up-to-date supplies  
First-aid kit - The kit does not have up-to-date supplies  
There is not a first-aid kit available with up-to-date supplies  
Important documents and photocopies are kept separately  
Important documents and photocopies are kept separately  
Important documents and photocopies are not kept separately  
Important documents and photocopies are not kept separately  
Important documents are in a safe and secure place  
Important documents are in a safe, secure place  
Important documents are not in a safe, secure place  
Important documents are not in a safe, secure place  
Inventory and/or photographs of possessions are available

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Assessment On 11/07/2009

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Has an inventory and/or photographs of possessions  
Inventory and/or photographs of possessions are not available  
Does not have an inventory and/or photographs of possessions  
Keys - Are kept in mailbox or under doormats  
Keys are kept in mailbox or under doormats  
Keys - Are labeled and hung in clear view  
Keys are labeled and hung in clear view  
Keys - Are not kept in mailbox or under doormats  
Keys are not kept in mailbox or under doormats  
Keys - Are not labeled or hung in clear view  
Keys are not labeled or hung in clear view  
Keys - Spare house and car keys are not within easy access

Spare house and car keys are not within easy access  
Keys - Spare house and car keys are within easy access  
There are spare house and car keys within easy access  
Police & Fire Depts have been notified that client is housebound  
Police and fire departments have been notified that client is housebound  
Police & Fire Depts have not been notified that client is housebound  
Police & Fire Depts have not been notified that client is housebound

#### Home - Kitchen

Cleaning fluids, detergents and/or poisons are not properly labeled and stored  
Cleaning fluids, detergents and/or poisons are not properly labeled and stored  
Cleaning fluids, detergents and/or poisons are properly labeled and stored  
Cleaning fluids, detergents and/or poisons are properly labeled and stored  
Emergency numbers are not posted in clear view  
Emergency numbers are not posted in clear view  
Emergency numbers are posted in clear view  
Emergency numbers are posted in clear view  
Food storage areas are clean  
Food storage areas are clean  
Food storage areas are not clean  
Food storage areas are not clean  
Kitchen is clean  
Kitchen is clean  
Kitchen is not clean  
Kitchen is not clean  
Kitchen is not orderly  
Kitchen is not orderly  
Kitchen is orderly  
Kitchen is orderly  
Microwave oven is clean  
Microwave oven is clean  
Microwave oven is not clean  
Microwave oven is not clean  
Nite lights are not present  
Nite lights are not present  
Nite lights are present  
Nite lights are present  
Refrigerator is clean  
Refrigerator is clean  
Refrigerator is not clean  
Refrigerator is not clean  
Spoiled or dated food found in refrigerator  
Spoiled or dated food found in refrigerator  
Spoiled or dated food not found in refrigerator  
Spoiled or dated food not found in refrigerator



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Stove top and/or oven is clean  
Stove top and/or oven is clean  
Stove top and/or oven is not clean  
Stove top and/or oven is not clean  
Traffic area is clear and safe  
Traffic area is clear and safe  
Traffic area is not clear and safe  
Traffic area is not clear and safe

Home - Living Area

Ceiling fans are installed or portable fans are available  
Ceiling fans are installed or portable fans are available  
Ceiling fans are not installed nor are portable fans available  
Ceiling fans are not installed nor are portable fans available  
Ceiling or portable fans are in working order  
Ceiling or portable fans are in working order  
Ceiling or portable fans are not in working order  
Ceiling or portable fans are not in working order  
Furniture patterns do not provide easy access to doors and windows  
Furniture patterns do not provide easy access to doors and windows  
Furniture patterns provide easy access to doors and windows  
Furniture patterns provide easy access to doors and windows  
Home cooling system is adequate  
Home cooling system is adequate  
Home cooling system is not adequate  
Home cooling system is not adequate  
Home heating system is adequate  
Home heating system is adequate  
Home heating system is not adequate  
Home heating system is not adequate  
Interior lighting is adequate  
Interior lighting is adequate  
Interior lighting is not adequate  
Interior lighting is not adequate  
Lghting does not provide even, general illumination  
Lghting does not provide even, general illumination  
Light switches are located near room entrances  
Light switches are located near room entrances  
Light switches are not located near room entrances  
Light switches are not located near room entrances  
Lighting provides even, general illumination  
Lighting provides even, general illumination  
Living area does not have clear taffic area  
Living area does not have clear taffic area  
Living area has clear traffic area  
Living area has clear taffic area  
Living area is clean and orderly  
Living area is clean and orderly  
Living area is not clean or orderly  
Living area is not clean or orderly  
Mirrors - Mirrors are in living area  
There are mirrors in living area  
Mirrors - No mirrors in living area  
There are no mirrors in living area  
Sensory stimulation - There are no pictures and paintings in living area to provide sensory stimulation  
Living area does not have pictures and paintings to provide sensory stimulation  
Sensory stimulation - There are pictures or paintings for sensory stimulation

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Sample Case  
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Living area has pictures and paintings providing sensory stimulation

Home - Medications

Medical gases are not properly stored or handled  
Medical gases are not properly stored or handled  
Medical gases are properly stored and handled  
Medical gases are properly stored and handled  
Medication pill boxes are in use  
Medication pill boxes are in use  
Medication pill boxes are not in use  
Medication pill boxes are not in use  
Medications appear to be not taken as prescribed  
Medications appear to be not taken as prescribed  
Medications appear to be taken as prescribed  
Medications appear to be taken as prescribed  
Medications are away from nightstand  
Medications are away from nightstand  
Medications are not away from nightstand  
Medications are not away from nightstand  
Medications are not secure in bathroom  
Medications are not secure in bathroom  
Medications are secure in bathroom  
Medications are secure in bathroom  
Medications list is displayed near telephone or on refrigerator door in clear view  
Medications list is displayed near telephone or on refrigerator door in clear view  
Medications list is not displayed near telephone or on refrigerator door in clear view  
Medications list is not displayed near telephone or on refrigerator door in clear view  
Prescription medications are filled at the same pharmacy  
Prescription medications are filled at the same pharmacy  
Prescription medications are not filled at the same pharmacy  
Prescription medications are not filled at the same pharmacy  
Prescription medications are not stored in original labeled containers  
Prescription medications are not stored in original labeled containers  
Prescription medications are stored in original containers  
Prescription medications are stored in original labeled containers

Home - Safety

Bathroom - Telephone is in bathroom or within easy access  
Telephone is in bathroom with easy access  
Bathroom - Telephone is not in bathroom or within easy access  
No telephone is in bathroom with easy access  
Carbon monoxide detectors - Are installed and/or are properly working  
Has adequate carbon monoxide detectors installed and/or are properly working  
Carbon monoxide detectors - Are not installed and/or in properly working  
Does not have adequate carbon monoxide detectors installed and/or are properly working  
Carpeting - Has holes and snags  
Carpeting has holes and snags  
Carpeting - Has no holes and snags  
Carpeting is free of holes and snags  
Check-in system - Does not participate in a check-in system or group  
Does not participate in a check-in system or group  
Check-in system - Participates in a Check-in system or group  
Participates in a check-in system or group  
Cordless phone - Does not use a cordless phone  
Does not use a cordless phone  
Cordless phone - Uses cordless phone with easy access  
Uses a cordless phone with easy access  
Door peepholes and deadbolt locks are not used

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Door peepholes and deadbolt locks are not used  
Door peepholes and deadbolt locks are used  
Door peepholes and deadbolt locks are used  
Dryer lint trap is clean  
Dryer lint trap is clean  
Dryer lint trap is not clean  
Dryer lint trap is not clean  
Firearms - Are not secure or stored away from ammunition  
Firearms are not secure or stored away from ammunition  
Firearms - Are secure and stored away from ammunition  
Firearms are secure and stored away from ammunition  
Firearms - Trigger-locks are installed  
Firearms have trigger-locks installed  
Firearms - Trigger-locks are not installed  
Firearms do not have trigger-locks installed  
Firearms or weapons - Are in the home  
Has firearms or weapons in the home  
Firearms or weapons - Are not in the home  
Has no firearms or weapons in the home  
Flashlights - Are not within easy access  
Flashlights are not within easy access  
Flashlights - Are within easy access  
Flashlights are within easy access  
Flooring - Appears to be safe  
Flooring appears to be safe  
Flooring - Appears to be unsafe  
Flooring does not appear to be safe  
Grab bars on sliding doors, lanai or balcony are not secure  
Grab bars on sliding doors, lanai or balcony are not secure  
Grab bars on sliding doors, lanai or balcony are secure  
Grab bars on sliding doors, lanai or balcony are secure  
Hazardous materials - Are not stored properly  
Hazardous materials are not stored properly  
Hazardous materials - Are stored properly  
Hazardous materials are stored properly  
Lead-based paint - Lead-based paint is present  
Lead-based paint is present  
Lead-based paint - No lead-based paint is present  
No lead-based paint is present  
Roofing - Appears to be adequate and in good condition  
Roofing appears to be adequate and in good condition  
Roofing - Appears to not be adequate or in good condition  
Roofing appears to not be adequate or in good condition  
Smoke and fire detectors - Are installed and/or are properly working  
Smoke and fire detectors are installed and/or are properly working  
Smoke and fire detectors - Are not installed and/or are properly working  
Smoke and fire alerts are not installed and/or are properly working  
Stair railings - Are not secure  
Stair railings are not secure  
Stair railings - Are secure  
Stair railings are secure  
Supportive shoes - Does not wear strong supportive shoes around the home  
Does not wear strong supportive shoes around the home  
Supportive shoes - Wears strong supportive shoes around the home  
Wears strong supportive shoes around the home  
Wall hangings - Are not secure  
Wall hangings are not secure  
Wall hangings - Are secure

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Wall hangings are secure  
Window protection - Has no storm shutters and/or window protection  
Window protection - Has no storm shutters and/or window protection  
Window protection - Has storm shutters and/or window protection  
Has storm shutters and/or window protection

#### Home - Sanitation

Home has insects and/or rodents  
Home has insects and/or rodents  
Home is free of insects and/or rodents  
Home is free of insects and/or rodents  
Sewage disposal is adequate  
Has adequate sewage disposal  
Sewage disposal is not adequate  
Home does not have adequate sewage disposal  
Trash - There is no scheduled trash pickup  
There is no scheduled trash pickup  
Trash - There is scheduled trash pickup  
There is scheduled trash pickup  
Water - There is clean running water  
There is clean running water  
Water - There is not clean running water  
There is not clean running water

#### Home - Security

Blinds and drapes are drawn at night  
Draws blinds and drapes at night  
Blinds and drapes are not drawn at night  
Blinds and drapes are not drawn at night  
Doors, sliders and windows are not secure  
Doors, sliders and windows are not secure  
Doors, sliders and windows are secure  
Doors, sliders and windows are secure  
Entrance lighting is not sufficient  
Entrance lighting is not sufficient  
Entrance lighting is sufficient  
Entrance lighting is sufficient  
Light timing devices are not in use inside and/or outside the home  
Light timing devices are not in use inside and/or outside the home  
Light timing devices are used inside and/or outside home  
Light timing devices are in use inside and/or outside the home  
Monitored security and alarm system is installed  
Has monitored security and alarm system  
Monitored security and alarm system is not installed  
Does not have monitored security and alarm system  
Outside lighting is not sufficient  
Outside lighting is not sufficient  
Outside lighting is sufficient  
Outside lighting is sufficient

#### Home - Structural Barriers

Structural barriers in the Client's environment which can or do limit independent mobility.

Barriers - There are barriers or obstructions in the home  
There are barriers or obstructions in the home  
Barriers - There are no barriers or obstructions in the patient's home.  
There are no barriers or obstructions at the home.  
Doorways - There are narrow or obstructed doorways

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There are narrow or obstructed doorways in the home  
Doorways - There are no narrow or obstructed doorways in the patient's home  
There are no narrow or obstructed doorways in the home  
No problems noted or observed  
No problems noted or observed  
Stairs - There are no stairs inside home which must be used by the client  
There are no stairs inside home which must be used  
Stairs - There are stairs inside home which are used optionally  
There are stairs inside the home which are used optionally  
Stairs - There are stairs leading from inside to outside of home  
There are stairs leading from inside to outside of the home  
Stairs - There no are stairs leading from inside to outside of home  
There are no stairs leading from inside to outside of the home  
Unknown or not assessed  
Unknown or not assessed

#### Home - Vehicle

Keys are not properly labeled nor in plain view  
Keys are not properly labeled nor in plain view  
Keys are properly labeled and in plain view  
Keys are properly labeled and in plain view  
Vehicle is garaged and/or stored in a secure area  
Vehicle is garaged and stored in secure area  
Vehicle is in good condition and proper working order  
Vehicle is in good condition and proper working order  
Vehicle is not garaged or stored in secure area  
Vehicle is not garaged or stored in secure area  
Vehicle is not in good condition or proper working order  
Vehicle is not in good condition or proper working order

#### IADL - Clothing

Describe condition of client's clothing

Clothes are clean  
Client's clothing was found to be clean  
Clothes are dirty  
Client's clothing was found to be dirty  
Clothes are in good condition and maintained  
Client's clothes are in good condition and maintained  
Clothes are not in good condition or maintained  
Clothes are not in good condition or maintained  
Clothes are torn  
Client's clothing found to be torn  
Clothes are worn  
Client's clothing is worn and frayed  
No problems noted or observed  
No problems were noted or observed  
Unknown or not assessed  
Unknown or not assessed

#### IADL - Housekeeping

Indicate client's ability to perform housekeeping chores

No problems noted or observed  
No problems were noted or observed  
Requires assistance with housekeeping  
Client requires assistance with housekeeping  
Requires no assistance with housekeeping chores

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Client requires no assistance and can independently perform housekeeping chores  
Unknown or not assessed  
Unknown or not assessed

IADL - Laundry

What is client's ability to do laundry?

Can independently do laundry and requires no assistance  
Client can independently do laundry and requires no assistance  
No problems noted or observed  
No problems were noted or observed  
Requires assistance with laundry  
Client requires assistance with laundry  
Unknown or not assessed  
Unknown or not assessed

IADL - Medications

What is client's ability to manage medications?

No problems noted or observed  
No problems noted or observed  
Requires assistance with medications  
Client requires assistance with medications (edit) PO (oral) / Inhalant Mist / Injectables  
Requires no assistance with medications  
Client requires no assistance with medications  
Unknown or not assessed  
Unknown or not assessed

IADL - Planning and Preparing Light Meals

Indicate client's ability to plan and prepare light meals

No problems noted or observed  
No problems were noted or observed  
Requires assistance with meals  
Client requires assistance with meals  
Requires no assistance with meals and can independently plan and prepare light meals  
Client requires no assistance and can independently plan and prepare light meals  
Unknown or not assessed  
Unknown or not assessed

IADL - Shopping

Indicate client's ability to go shopping

No problems noted or observed  
No problems were noted or observed  
Requires assistance with shopping  
Client requires assistance with shopping  
Requires no assistance with shopping  
Client requires no assistance with shopping  
Unknown or not assessed  
Unknown or not assessed

IADL - Transportation

Indicate how client gets around and level of assistance required if any.

Driving - Has a valid drivers license  
Client has a valid drivers license  
Driving - Has no valid drivers license

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Client has no valid drivers license

Driving - Is able to drive safely

Client can drive safely

Driving - Is not able to drive safely

Client is not able to drive safely

Has own transportation and/or car

Client has own transportation and/or car

Is independent and requires no transportation assistance

Client is independent and requires no transportation assistance

Requires assistance with transportation

Client requires assistance with transportation

Unknown or not assessed

Unknown or not assessed

Utilizes public transportation, taxi, bus, etc

Client utilizes public transportation / taxi / bus / train / subway, etc

#### Life Expectancy

Describe client's life expectancy as having been diagnosed by a physician

Has a life expectancy of less than 6 months or less

Client has a life expectancy of less than 6 months  
(physician documentation is not required)

Has a life expectancy of more than 6 months

Client has a life expectancy of more than 6 months

#### Nutritional Assessment

Describes client's nutritional regimen.

Assessment Values:

0 - 2 - Good - Recheck in 6 months

3 - 5 - Moderate nutritional risk

6 or more - High nutritional risk

Adapted from the Nutritional Screening Initiative project of the American Academy of Family Physicians,  
The American Dietetic Association and the National Council on the Aging, Inc.

Does not always have enough money to buy needed food

Client does not always have enough money to buy food

Eats alone most of the time

Client eats alone most of the time

Eats few fruits or vegetables, or milk products

Client eats few fruits, vegetables or mild products

Eats fewer than 2 meals per day

Client eats less than 2 meal per day

Has 3 or more drinks of beer, liquor or wine almost every day

Client drinks beer, liquor or wine almost daily

Has illness or condition that effects kind and/or amount of food eaten

Client has illness or condition that effects kind or amount of food eaten

Has lost or gained 10 pounds in the last 6 months

Client has lost or gained over 10 pounds in the last 6 months

Has tooth or mouth problems that make it difficult to eat

Client has tooth or mouth problems that make it difficult to eat

Is not always physically able to shop, cook or feed self

Client is not always physically able to shop, cook or feed themself

Takes 3 or more prescribed or over-the-counter drugs each day

Client takes 3 or more prescribed or over-the-counter drugs each day

#### Overall Prognosis

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Which best describes the client's overall prognosis?

Prognosis is good / fair

Client's prognosis for recovery is good / fair

Prognosis is guarded

Client's prognosis is guarded

Prognosis is poor

Client's prognosis is poor with little or no recovery expected and further decline is imminent

Unknown or not assessed

Unknown or not assessed

### Pain Assessment

How often does pain interfere with the client's activity or movement?

Description of pain duration, frequency, precipitating factors, etc

Client experiences pain (duration, frequency, precipitating factors, etc)

Description of pain location, duration, character, associated symptoms, character, or precipitating factors

Description of pain location, duration, character, associated symptoms, character, or precipitating factors

Description of pain relief measures and effectiveness

Client's pain relief measures and effectiveness are:

Experiences intractable pain

Client experiences pain that is not easily relieved, occurs on a continual / daily basis / may effect sleep / appetite / physical / emotional energy / concentration / personal relationships / emotions / ability or desire to perform physical activity.

Experiences no pain

Client experiences no pain

Experiences pain all the time

Client experiences pain all of the time

Experiences pain most of the time

Client experiences pain most of the time

Experiences pain some of the time

Client experiences pain some of the time, i.e., less than daily but it does not interfere with activity or movement

Indicates level of severity of pain

Severity of pain level (edit) (0) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

No problems noted or observed

No problems were noted or observed

Unknown or not assessed

Unknown or not assessed

### Payment Sources

Indicate client's insurance payment sources

Employee Assistance Program

Employee Assistance Program - describe

Medicaid (HMO/managed care)

Medicaid (HMO / managed care)

Medicaid (traditional fee-for-service)

Medicaid (traditional fee-for-service)

Medicare (HMO/managed care)

Medicare (HMO managed care) explain

Medicare (traditional fee-for-service)

Medicare #

None (no charge for current services)

There are no charge for current services

Other government (e.g., CHAMPUS, VA, etc.)

Other government (e.g., CHAMPUS, VA, etc.)



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Other payment sources

Client has other payment sources

Private third party (e.g., private insurance, etc.)

Private third party (e.g., private insurance, etc.)

Private third party (HMO/managed care)

Client's payment source is Private third party (HMO/managed care) (describe)

Self-pay

Client's payment source is self-pay

Title programs (e.g., Title III, V, or XX)

Client's payment source is Title programs (e.g., Title III, V, or XX)

Unknown or not assessed

Unknown or not assessed

Worker's Compensation

Client's payment source is Worker's Compensation

Physical Condition - Barriers to Learning

Describe any barriers to learning client has or required aids

Client ready and able to learn

Client is ready or able to learn

Has emotional or physical barriers to learning

Client has emotional or physical barriers to learning

Requires adaptive equipment

Client requires adaptive equipment

Requires demonstration and re-demonstration

Client requires demonstration and re-demonstration

Requires more response time

Client requires more response time

Requires visual or auditory aids

Client requires visual aids and/or auditory aids

Physical Condition - Blood Disorders

Indicates if client has now or has been treated for blood disorders

Has blood disorder(s)

Client has blood disorders, e.g., prolonged bleeding / bruises easily / anemia / cancer, AIDS / sickle cell disease/trait / B12 deficiency, etc.

Has no known blood disorders

Has no known blood disorders

Unknown or not assessed

Unknown or not assessed

Physical Condition - Cardiac

Physical examination of client's cardiac - auscultate heart sounds

Has chest pains

Client has chest pains - (dull) (sharp) (achy) (tight) (pressure)

Has murmurs

Client has murmurs

Has neck vein distention

Client has neck vein distention

Has Orthopnea

Client has Orthopnea

Has pain occur with exertion, rest, eating or stress

Client chest pains occur with (exertion) (rest) (eating) (stress)

Has palpitations

Client has palpitations

No cardiac issues or problems noted or observed

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There were no cardiac problems observed or noted  
Unknown or not assessed  
Unknown or not assessed

Physical Condition - Ears

Indicate results of physical examination of client's ears

Has drainage  
Client has drainage  
Has excess cerumen  
Client has excess cerumen ( ) AS ( ) AD  
Has hearing aid  
Client has hearing aid ( ) AD ( ) AD  
Has Otitis  
Client has Otitis  
Has ruptured eardrum  
Client has ruptured eardrum ( ) AS ( ) AD  
Has Tinnitus  
Client has Tinnitus - ( ) AS ( ) AD  
No ear problems noted or observed  
Client has no ear problems  
Unknown or not assessed  
Unknown or not assessed

Physical Condition - Eyes

Physical examination of client's eyes. Describe the patient's vision ability to see with corrective lenses if the client usually wears them.

Eyes are normal or has no issues  
Client's eyes are normal and there are no known issues  
Has Cataracts  
Client has cataracts - ( ) OS ( ) OD  
Has Drainage  
Client has Drainage - ( ) OS ( ) OD  
Has Glaucoma  
Client has Glaucoma - ( ) OS ( ) OD  
Has Jaundice sclera  
Client has Jaundice sclera - ( ) OS ( ) OD  
Has PERRLA  
Client has PERRLA ( ) OS ( ) OD  
Is legally blind  
Client is legally blind  
No eye problems or issues noted or observed  
No eye problems or issues were observed or noted  
Unknown or not assessed  
Unknown or not assessed  
Vision is partially impaired  
Client's vision is partially impaired  
Vision is severely impaired  
Client's vision is severely impaired  
Wears Contact Lenses  
Client wears contact lenses - ( ) OS ( ) OD  
Wears Eye Glasses  
Client wears eye glasses

Physical Condition - Gastrointestinal / Abdomen

Physical examination of client's gastrointestinal issues

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Abdomen is Soft / Firm / Rigid / Tender

Client's abdomen is Soft / Firm / Rigid / Tender

Experiences Constipation, Diarrhea

Client experiences: Constipation / Diarrhea

Experiences Cramps, Nausea, Vomiting, Ascites, Flatulence, Incontinence

Client experiences: Cramps / Nausea - Vomiting / Ascites / Flatulence / Incontinence

Is Laxative or Enema dependent

Client is Laxative or Enema dependent

No problems observed or noted

No problems observed or noted

Unknown or not assessed

Unknown or not assessed

Physical Condition - General

Describes in general terms or an provide and overview of client's health issues noted or observed

Describe in general terms or overview of client's health issues

The following issues and concerns were noted or observed during Client's physical examination:

Physical Condition - Genitourinary

Indicates client's history or presence of genitourinary issues

Is incontinent with related issues

Client is incontinent with related issues: has Stress incontinence / hesitancy / burning / pain / itching / sediment / hematuria / distension / retention /

Unknown or not assessed

Unknown or not assessed

Physical Condition - High Risk Factors

Which of the risk factors characterize this client?

Has other risk factors

Client has other risk factors

Is a smoker

Client is a smoker

Is an alcoholic

Client is an alcoholic

Is drug dependent

Client is drug dependent

Is obese

Client is obese

No problems noted or observed

No problems were noted or observed

Smokes cigars or use snuff or chewing tobacco

Client smokes cigars, uses snuff, chews tobacco

Unknown or not assessed

Unknown or not assessed

Physical Condition - Integument - Wounds

Does client have wounds?

Has cuts, sores, brusies or welts

Client has cuts, sores, brusies or welts

Has rashes, itchyness or Purpura

Client has rashes, itchyness or Purpura

Skin is dry or flaky

Client's skin is dry or flaky

Skin is healthy

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Assessment On 11/07/2009

Sample Case  
124 Maple Ave  
Your City, FL 32800

Client's skin is healthy  
Skin is hydrated  
Client's skin is hydrated  
Skin is warn, cool, dry, clammy  
Client's skin is warn, cool, dry, clammy  
Unknown or not assessed  
Unknown or not assessed

#### Physical Condition - Motor

Indicate any issues with client's ability to walk, move about, muscle tone, coordination, etc.

Has amputation or prosthetics  
Client has amputation or prosthetics  
Has arthritis, muscle tone, stiffness, corrdination of hands and feet  
Client has arthritis / muscle tone / stiffness / coordination of hands and feet, etc  
Has history of fractures, falls  
Client has history of fractures / falls / casts / contractures  
Has unsteady gait, poor balance or weakness, paralysis  
Client has unsteady gait / poor balance /or weakness / tires easily / requires frequent rest periods /  
Paralysis / Paraplegia / Hemiplegia /Quadraplegia / Tetraplegia  
No problems observed or noted  
No problems observed or noted  
Unkown or not assessed  
Unkown or not assessed

#### Physical Condition - Mouth

What are the results of physical examination of client's mouth

Has altered taste  
Client has altered taste  
Has dentures  
Client has dentures (edit) - (Uppers) - (Lowers) - (Partial) - (Fit well) - (Poor fit)  
Has facial drooping  
Client has facial drooping  
Has gingivitis  
Client has gingivitis  
Has thrush  
Client has thrush  
No mouth problems observed or noted  
No mouth problems were observed or noted  
Unknown or not assessed  
Unknown or not assessed

#### Physical Condition - Nails

What are the results of physical examination of client's nails

Has ingrown nails or fungus  
Client has ingrown nails or fungus  
No nail problems observed or noted  
No nail problems or issues observed or noted  
Unknown or not assessed  
Unknown or not assessed

#### Physical Condition - Neurologic

Describe any of client's neurologic issues

Experiences seizures or vertigo  
Client experiences seizures / vertigo

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Experiences tremors or numbness

Client experiences tremors / numbness

Is able to distinguish various sensations on skin's surface

Client is able to distinguish various sensations on skin's surface

Is unable to distinguish various sensations on skin's surface

Client is unable to distinguish various sensations on skin's surface

No issues observed or noted

No Neurologic issues were observed or noted

Unknown or not assessed

Unknown or not assessed

Physical Condition - Nose

What are the results of physical examination of client's nose

Has an altered sense of smell

Client has an altered sense of smell

Has epistaxis

Client has epistaxis

Has rhinitis

Client has rhinitis

Has sinusitis

Client has sinusitis

Is able to inhale / exhale

Client is able to inhale / exhale

No nose problems observed or noted

No nose problems observed or noted

Unknown or not assessed

Unknown or not assessed

Physical Condition - Nutrition

Describe client's nutritional status

Appetite is Good, Fair or Poor

Client's appetite is: Good / Fair / Poor

Has food allergies

Client has food allergies

Has weight changes, gains or loss

Client has weight changes: gains / loss

Is obese or underweight

Client is: obese / underweight

Is on a controlled sodium, potassium, fat or cholesterol diet

Client is on a controlled sodium / potassium / fat / cholesterol diet

Requires tube feeding, J-tube, PEG tube, NG tube

Client requires: tube feeding / J-tube / PEG tube, / NG tube

There are cultural considerations

There are cultural considerations

Unknown or not assessed

Unknown or not assessed

Physical Condition - Respiratory Status

What are the results of physical examination of client's respiratory status

Had TB exposure

Client has had TB exposure

Has Cheyne-Stokes

Client has Cheyne-Stokes

Has chronic cough

Client has a chronic cough

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Has clear lungs

Client's lungs are clear

Has Dyspnea

Client has Dyspnea

Has Orthopnea

Client has Orthopnea

Has rales, rhonchi, wheezes or crackles

Client has (rales) (rhonchi) (wheezes) or (crackles)

Has sleep apnea

Client has sleep apnea

No respiratory problems observed or noted

No respiratory problems were observed or noted

Unknown or not assessed

Unknown or not assessed

Physical Condition - Throat

What are the results of physical examination of client's throat

Has a sore throat

Client has a sore throat

Has Dysphagia

Client has Dysphagia

Has throat lesions

Client has throat lesions

No throat problems noted or observed

No throat problems noted or observed

Unknown or not assessed

Unknown or not assessed

Rehabilitative Prognosis

Which best describes client's prognosis with regard to functional status?

Has a GOOD prognosis with marked improvement in functional status expected

Client has a GOOD prognosis with marked improvement in functional status expected

Has a GUARDED prognosis with minimal improvement in functional status expected

Client has a guarded prognosis with minimal improvement in functional status expected

Unknown or not assessed

Unknown or not assessed

Financial Factors - Health Needs

What are the financial factors impacting client's ability to meet health needs?

Experiences exertion walking more than 20 feet

Client experiences exertion and shortness of breath walking more than 20 feet

Experiences of shortness of breath

Client experiences shortness of breath

Experiences shortness of breath while at rest during day/night

Client experiences shortness of breath while at rest during the day and/or night

Experiences shortness of breath with minimal exertion

Client experiences shortness of breath with minimal exertion (while eating, talking or performing other ADLs or with agitation)

Experiences shortness of breath with moderate exertion

Client experiences moderate shortness of breath while dressing, using commode/bedpan, walking distances less than 20 feet.

No respiratory problems noticed or observed

No respiratory problems noticed or observed

Unknown or not assessed

Unknown or not assessed

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Utilizes respiratory treatments at home

Client utilizes respiratory treatments at home, i.e. Oxygen (intermittent or continuous?), Ventilator (continual or at night?) Continuous positive air-way pressure?

Safety Hazards

Assessment of any safety hazards found at client's current place of residence / living location.

Cooling - Is adequate

Cooling at the client's home has been found to be adequate

Cooling - Is inadequate

Cooling at the client's home has been found to be inadequate

Flooring, roofing and windows are inadequate

The flooring, roofing and windows at the home have been found to be inadequate

Flooring, roofing or windows are adequate

The flooring, roofing and windows at the home have been found to be adequate

Gas or electric appliances are not safe

Gas or electric appliances are not safe

Gas or electric appliances are safe

Gas or electric appliances are safe

Hazardous materials - Are not properly stored

Hazardous materials are not properly stored

Hazardous materials - Are properly stored

Hazardous materials are properly stored

Heating - Found to be adequate

Heating at the home was found to be adequate

Heating - Found to be inadequate

Heating at the home was found to be inadequate

Lighting - Is adequate

The lighting at the home has been found to be adequate

Lighting - Is inadequate

Lighting at the home found to be inadequate

Paint - Lead-based paint is present

There is lead-based paint present at the home

Paint - No lead-based paint found

No lead-based paint found at the home

Safety Devices - Adequate fire, smoke or carbon monoxide detectors found

Fire, smoke or carbon monoxide detectors the home found to be adequate

Safety Devices - Inadequate fire, smoke or carbon monoxide detectors found

Fire / smoke detectors and /or carbon monoxide detectors at the home are inadequate or not present

Stairs - Railings adequate and secure

Stair railing are found to be adequate at the home

Stairs - Railings were found to be inadequate and hazardous

Stair railing are found to be inadequate and hazardous at the home

Stairs - Stairs found to be safe

The stairs were found to be safe at the home

Stairs - Stairs found to be unsafe

Stairs at patient's home found to unsafe at the home

There are no safety issues or concerns

There are no safety issues or concerns at the home

There are safety issues or concerns

There are safety issues at the home

Unknown or not assessed

Unknown or not assessed

Weapons - Handguns, firearms or other weapons are in the home

There are handguns, firearms or other weapons at the client's home

Weapons - No handguns, firearms or other weapons in the home

There are no handguns, firearms or other weapons at the client's home

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### Sanitation Hazards

Sanitation hazards found in the client's current place of residence.

#### No sanitation hazards were found

No sanitation hazards were found in client's home

#### Sanitation hazards were noted or observed

Sanitation problems were noticed or observed at the home

#### The living area is cluttered or soiled

Living area is cluttered and / or soiled

#### There are inadequate cooking facilities available at client's home

There are inadequate cooking facilities available at the home

#### There are no toilet facilities available

There are no toilet facilities available at the home

#### There is adequate sewage disposal

There is adequate sewage disposal at the home.

#### There is adequate water available

There is adequate water available

#### There is contaminated water

Contaminated water was found at the home.

#### There is evidence of insects or rodents present

There is evidence of insects or rodents present at the home

#### There is inadequate sewage disposal

There is inadequate sewage disposal at the home

#### There is inadequate water available

There is inadequate running water at the home

#### There is no food refrigeration

There is no food refrigeration available at the home

#### There is no scheduled trash pickup

There is no trash pickup scheduled at the home

#### There is only outdoor toileting facilities available

There is only outdoor toileting facilities available at the home

#### There is scheduled trash pickup

There is scheduled trash pickup at the home

#### There is spoiled food in refrigerator

There is spoiled food in refrigerator at the home

#### Unknown or not assessed

Unknown or not assessed

### Social Status

Describe client's social contacts with friends and family and frequency of contacts

#### Has no social contacts with friends or relatives

Client does not have social contacts with friends or relatives

#### Has social contact with friends or relatives

Client has social contact with friends and relatives

#### Is affiliated with a religious organization

Client is affiliated with a religious organization

#### Is isolated, lonely or bored

Client experiences isolation, loneliness and boredom

#### Is not affiliated with a religious organization

Client is not affiliated with a religious organization

#### Is not isolated, lonely or bored

Client is not isolated, lonely or bored

#### No problems noted or observed

No problems were noted or observed

### Speech and Oral Expression of Language



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Which best describes the client's ability to effectively express herself / himself through speech and verbal (oral) expressions of language?

Can express complex ideas, feelings and needs clearly

Client can express complex ideas, feelings and needs clearly.

Can not express complex ideas, feelings and needs clearly

Client can not express complex ideas, feelings and needs clearly

Has difficulty in expressing ideas and needs

Client has difficulty in expressing ideas and needs. May take extra time, makes occasional errors in word choice, grammar or speech intelligibility, needs minimal prompting or assistance.

Is unable to express basic needs

Client is unable to express basic needs

Is unresponsive or unable to speak

Client is unresponsive or unable to speak

No problems noted or observed

No problems were noted or observed

Unknown or not assessed

Unknown or not assessed

#### Supportive Assistance

What type of caregiver assistance does the primary caregiver provide for client? Who, if anyone emerges as the client's primary caregiver, lead responsibility for managing care, providing the most frequent assistance

Primary caregiver acts as Financial Agent

Primary caregiver acts as financial agent, power of attorney, or conservator of finance.

Primary caregiver acts as healthcare agency, conservator or Power of Attorney

Primary caregiver acts as healthcare agency, conservator of personal / medical power of attorney, etc.

Primary caregiver advocates or facilitates care

Primary caregiver advocates or facilitates Client's participation in appropriate medical care.

Primary caregiver has outside responsibilities

Primary caregiver has outside responsibilities including work, family, other, etc.

Primary caregiver is a daughter or son

Primary caregiver is client's daughter or son

Primary caregiver is a family member

The primary caregiver is family member

Primary caregiver is a friend

The primary caregiver is a friend

Primary caregiver is a spouse or significant other

The primary caregiver is spouse or significant other

Primary caregiver is paid help

The primary caregiver is paid help

Primary caregiver provides ADL Assistance

Primary caregiver provides ADL assistance such as bathing, dressing, toileting, bowel/bladder, eating/feeding.

Primary caregiver provides assistance once daily

The frequency of the primary caregiver assistance is once daily

Primary caregiver provides assistance several times per day

Primary caregiver provides assistance several times per day

Primary caregiver provides environmental support

Primary caregiver provides provide environmental support, i.e. home maintenance, etc.

Primary caregiver provides IADL Assistance

Primary caregiver provides IADL assistance with medications, housekeeping, laundry, shopping, telephone, finances, etc.

Primary caregiver provides psychosocial support

Primary caregiver provides psychosocial support, ie, socialization, companionship, recreation, etc.

Unknown or not assessed

Unknown or not assessed

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Therapies

Which therapies does the client receive at home?

No problems were noted or observed

No problems were noted or observed

Receives intravenous or infusion therapy (excluding TPN)

Client receives intravenous or infusion therapy at home (excluding TPN)

Receives parenteral nutrition (TPN or liquids at home)

Client receives parenteral nutrition (TPN or liquids at home)

Therapies are received by client at home

Client receives therapies at home

Unknown or not assessed

Unknown or not assessed

Include a summation or closing statement here to appear at the end of the last page of the client assessment