

CLIENT ASSESSMENT FORM

Date	Time	Discharge	SS#	DOB
Client:		Last	Height	Weight
Address		City	State	Zip
Phone		Cell:	Wk:	
Contact:			Spouse:	Relation:
Wk :		Cell	Phone	
Address		City	State	Zip
Alt Contact		Alt Phone	Alt Cellular	
Location				Room #
D Planer		Phone	Pager	
Budget \$	Instructions:			
Email :				
Primary Diagnosis:				
Assessment Date	Tour Date and Time:		New Admit:	
Category 1 or 2	Admission Package Complete:			
Source of referral				
Open	Closed	Passed	Pending	Hold

ADMIT	AMBULATORY	DIABETIC	DIETARY	VISION	ADDITIONAL	ASSIST
ID Need	Ambulatory	Diabetic	Diet Reg	Vision Good	Oxygen	ADL Min
Needs Phy Rpt	Non Amb	Diet	Low Salt	Vision Poor	Dialysis	ADL Mod
Needs TB Test	Cane	Oral Meds	Liquid	Glasses	Seizures	ADL Max
Private Pay	Walker	Self Inject	Renal	Blind	Sleeps	Bath Min
SSI	W/C	Shot	Soft	Legally Blind	Awake pm	Bath Mod
POA Med	Elct W/C	Self Accu Ck	Pureed		Sundowner	Bath Max
Verified \$	Bedridden	Sliding Scale	Ethnic	SPEECH	Smoker	Dress Min
Needs Waivers	Fall Risk		G-Tube	Spch Clear	TIA	Dress Mod
Hospice wavier	TRANSFERS	PSYCH	Diabetic	Spch semi	CVA Stroke	Dress Max
HIPAA release	Transfer Self	Alert x	Special diet	Spch Non	CHF	Feed Min
Veteran	SBA	Confused	BODY		CAD	Feed Mod
Surv Spouse	Max Transfer	Mild Dem	Phy Therp	HEARING	COPD	Feed Max
Transport	Hoyer Lift	Mod Dem	Fail Thrive	Hear Good	ETOH	Hygiene Min
LTC Policy	Needs Verb Cues	Adv Dem	Fx	Hear Poor	Pic Line	Hygiene Mod
DPOAS	Follows Instructions	Wanderer	Fx Hip	Deaf	Sub Abuse	Hygiene Max
Medical Release	Slider Board	Combative	HBP	Hearing Aid	Cancer	
H & P	DME Needs	Depression	RA			Self Dress
Support Services		Behavior	Wound 1 st	MEDS	ELIMINATION	Self Feed
Home Health:		Alz Mild	Wound 2 nd	# OF Meds:	Full control	Self Bath
Phone #		Alz Mod	Wound 3-4	Manage Meds	Bladder Incn	Self Meds
DME Company:		Alz Sever	Ulcer care	Overview meds	Bowl Incn	
Phone #		Bi Polar	Pro Supervision		Bladder Train	
Hospice:		Schizophrenia	Tracheostomy		Colostomy	RESPIRE
Phone #		Restrained			Catheter	
					C-diff	
					Briefs accidents	
					Fecal Impact	

Notes

