

Epiphany Care Homes, LLC

Date _____ Client Name _____ Age: _____ Male/Female

Diagnosis/ Comments _____

FUNCTIONAL ASSESSMENT

Dressing:

- _____ Independent
- _____ Independent with help
- _____ Aid of another person

Grooming:

- _____ Independent
- _____ Independent with help
- _____ Aid in two or three areas

Mobility:

- _____ Independent
- _____ Independent with walker/cane
- _____ Independent with wheelchair
- _____ Needs assist with wheelchair
- _____ Aid of one person

Potential for falls:

- _____ Yes _____ No

Bathing:

- _____ Independent
- _____ Supervision only
- _____ Aid in and out of shower
- _____ Aid in washing

Bowel / Bladder:

- _____ Continent of urine and bowel
- _____ Independent with devices
- _____ Type: _____
- _____ Reminders

Communication:

- _____ Communicates well
- _____ Barriers to communication include: _____

Hearing:

- _____ Hears well
- _____ Hearing impaired
- _____ Hearing aid in ___R ___L ear
- _____ No problem with corrective devices
- _____ Needs assist with corrective devices

Able to use phone: Yes _____ No _____

Sleep patterns:

- _____ Sleeps well
- _____ Problem – describe: _____

Eating:

- _____ Independent
- _____ Slight help to arrange food
- _____ Feeds self with help
- _____ Needs feeding

Appetite:

- _____ Good
- _____ Problem: _____

- _____ Potential for choking

PSYCHO – SOCIAL ASSESSMENT

Memory:

- _____ Memory intact
- _____ Mild memory problems exhibited by: _____

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Orientation:

- Oriented
- Disoriented to:
 - Time
 - Place
 - Person

- Regular intervention required and responds to redirection
- Other: _____

Recreational Skills / Interests:

- Spiritual activities
- Recreational outings
- Watching T.V.
- Other: _____
- _____
- _____

Mood and Temperament:

- Appropriate
- Withdrawn
- Sad, cries frequently
- Anxious, restless
- Suspicious
- Irritable, angers easily
- Other: _____

PHYSICAL ASSESSMENT

Physical Health:

- No problems
- Problem of: _____
- _____
- _____

Social Interaction:

- Socializes well
- High social interest
- Low social interest
- Problem: _____

Medications:

- No medications taken
- Manages independently
- Needs medications set up
- Needs medication administration

Potential for Abuse/Neglect:

- No problem
- Physical
- Verbal
- Financial
- Self

Behavior:

- Not a problem
- Occasional intervention required

Potentially Hazardous Activities:

- No problem
- Drives car
- Smokes
- Scooter
- Chemical use
- Oxygen
- Risk of elopement
- Other: _____

Client receives home and community based waived services: Yes No
Which waived service? EW CADI PRIVATE Other: _____

Staff Signature

Date