COMPREHENSIVE ASSESSMENTS FORM FOR ADULTS				
Participant Name:	Date:			
GENERAL HEALTH				
Temperature: Pulse: Respiration: I Current Weight: gain loss Target weight	Blood Pressure:			
Diet/Nutrition: Regular I ow Salt Puree/Chonned I	Diabetic/No Concentrated Sweets Other			
Fluid: Unlimited Restricted Amount:	The concentrated 5 weeks			
Identify any changes over past month:	J 🗖			
	Incidents Other			
Diagnosis				
RESPIRATORY	PAIN/DISCOMFORT			
 Within Normal Limits Cough	Pain frequency: ☐No pain or pain does not interfere with movement			
When is the person noticeably short of breath?	Less often than daily			
Never short of breath	Daily, but not constant			
When walking > than 20 ft. or climbing stairs	All the time			
☐With moderate exertion (e.g. dressing, using commode, walking <20ft.)	Site(s): Intensity High Medium Low			
With minimal exertion (eating, talking)	Person is experiencing pain that is not easily relieved, occurs at			
At rest (during day/ night)	least daily, and effects the ability to sleep, appetite, physical or			
Respiratory treatments utilized at home:	emotional energy, concentration, personal relationships, emotions, or			
Oxygen (intermittent or continuous) Aerosol or nebulizer treatments	ability or desire to perform physical activity Cause (if known):			
Ventilator (intermittent or continuous)	Treatment:			
CPAP or BIPAP				
None CENTROLINA DAY CENA TEMES	CARDIOVACCIU AR			
GENITOURINARY STATUS Catheter Content	CARDIOVASCULAR BP and Pulse within normal limits			
Urine Frequency	Rhythm Regular Irregular			
Pain/Burning Discharge	Edema:			
☐ Distention/Retention ☐ Hesitancy ☐ Hematuria	RUE: Non-pitting Pitting LUE: Non-pitting Pitting			
Other:	RLE: Non-pitting Pitting			
Person has been treated for a Urinary Tract Infection over	LLE: Non-pitting Pitting			
the past month	Other:			
Normal GASTROINTESTINAL STATUS	NEUROLOGICAL			
Bowels: frequency	Cognitive functioning			
☐ Diarrhea ☐ Constipation ☐ Nausea ☐ Vomiting	Alert/oriented, able to focus and shift attention, comprehends and			
Swallowing issues:	recalls task directions independently Requires prompting (cueing, repetition, reminders)only under			
	stressful or unfamiliar situations			
Pain: abdominal epigastric	Requires assistance, direction in specific situation, requires low			
Anorexia	stimulus environment due to distractibility Requires considerable assistance in routine situations. Is not alert			
Other:	and oriented or is unable to shift attention and recall more than half			
Bowel incontinence frequency:	the time.			
☐ Very rarely or never incontinent of bowel	☐ Totally dependent due to coma or delirium Speech: ☐ Clear and understandable ☐ Slurred ☐ Garbled ☐			
Less than once per week	Aphasic			
One to three times per week	Unable to speak Pupils: Equal Unequal			
Four to six times per week	Movements:			
On a daily basis	Extremities:			
☐ More than once daily	Right upper Strong Weak Tremors No movement Left upper Strong Weak Tremors No movement			
Person has ostomy for bowel elimination	Right lower Strong Weak Tremors No movement			
	Left lower Strong Weak Tremors No movement			

SENSORY	PSYCHOSOCIAL					
Vision with corrective lenses if applicable ☐ Normal vision in most situations; can see medication	Behaviors reported or of Indecisiveness	or observed				
labels, newsprint						
Partially impaired; can't see medication labels, but can see	Sleep disturbances					
objects in path; can count fingers at arms length	Recent change in appetite or weight					
Severely impaired; cannot locate objects without hearing	Agitation					
or touching or person non-responsive	A suicide attempt					
	None of the above behaviors observed or reported					
Hearing with corrective device if applicable						
Normal hearing in most situations, can hear normal conversational tone	Is this person receiving psychological counseling? ☐Yes					
Partially impaired; can't hear normal conversational tone						
Severely impaired; cannot hear even with an elevated tone						
MUSCULOSKELETAL Within Normal limits Unsteady Gait Poor endurance Altered Balance Weakness Other	MENTAL HEALTH Angry Depressed Uncooperative Hostile Panic Flat affect Anxious Phobia Agitated Paranoid Obsessive/Compulsive Tics Spasms Mood swings Depressive feeling reported or observed None of above					
SKIN		. –	7			
Color Normal Pale Red Irritation	Rash Skin Intact	Yes _	_l No			
(if no, complete next section)						
Pressure Ulcer Stages		Number of Pressure Ulcers				
Stage 1: Redness of intact skin; warmth, edema,	hardness, or	0	1	2	3	4 or
discolored skin may be indicators	,					more
Stage 2: Partial thickness skin loss of epidermis	and/or dermis. The					
ulcer is superficial and appears as an abrasion, blister, or shallow						
crater.	isour, or similar					
	Cratter.					
Stage 3: Full thickness skin loss; damage or necrosis of						
subcutaneous tissue; deep crater						
Succession to the state of the						
Stage 4: Full thickness skin loss with extensive d	lestruction_tissue					
necrosis or damage to muscle, bone or supporting						
necrosis of damage to musere, some of supporting structures						
Location of ulcers:						
Execution of dicers.						
Surgical or other types of wounds (describe location, size an	nd nature of wound)					
	·					
						
						·

Dependent Independent Assist Stand-by One person Two person assist with transfer Uses to aid in ambulating.					
	Medication	Dose	Freq.	Physician	Purpose
Uses to aid in transfer.					
Dathing					
Bathing: □Dependent □Independent □ Assist □ Cue					
Uses transfer bench or shower chair					
Personal Hygiene: hair, nails, skin, oral care Dependent Independent Assist Cue					
Toileting: bladder, bowel routine, ability to access					
toilet ☐Dependent ☐Independent ☐ Assist ☐ Cue					
Incontinent bowel Incontinent bladder					
incontinent bladder					
Dressing: □ Dependent □ Independent □ Assist □ Cue					
Eating and Drinking: Dependent Independent Assist Cue	Able to independen				e correct times
HEALTH MAINTENANCE NEEDS	Able to take medications at the correct time if: -individual doses are prepared in advance by anoth				person
Reinforce diet education	-given daily rer Unable to take med		administe	ered by some	one else
Supervision of blood sugar monitoring Routine care of prosthetic/orthotic device	■No medications pre	scribed		-	
Education on medical equipment use or maintenance Referral to physician	Other				
Other health education needed	ALLERGIES: Aspirin Pe		Sulfa [7 Pollen [l I atav
OtherNotes:		products			J Latex
	NOTES:			0100	
GENERAL PHYSICAL CONDITION					
improving stable deteriorating					
Other:					
Nurse Monitor visit: Dinitial Donthly 45 day	3 month 4 month	annual asses	sment		
Activities of Visit: Developed Caregiver Support Plan Provided Information and Training to Caregiver Reviewed Caregiver Support Plan Assessed/Monitored Caregiver					
Assessed/Monitored Participant	saction)				
Caregiver Names (Please list all caregivers in this section)					
By signing below, both the participant and nurse certify that services were delivered.					
RN Name (Print):					
RN Signature: Date: Please send the white copy of the signed form to the case manager within 10 days of completing the participant's assessment.					
Participant Signature:			Date		
Immediately report suspected abuse, neglect, and exploitation to Adult Protective Services at 1-800-917-7383. Immediately contact the case manager to report health and safety concerns.					

Parti	ticipant Name: Service Date:			
to co multi "yes" cond Imme Care	orrectly perform Caregiver Service iple caregivers are used, assess or "no" in the box next to each terns, findings, or training in the cediately contact the case manage.	e Plan (CSP) the each caregive that care in care in each case of the each case of the each each each each each each each ea	A) to observe and evaluate the caregiver's ability tasks. Complete a CA during each visit. If er according to program requirements. Write during the visit. Give detailed information on on. Attach additional pages as needed. alth and safety concerns or recommend anges. Immediately report abuse, neglect or -7383.	
Task		Observed (Yes/No)	Comment	
Activities of Daily Living	Bathing			
	Personal Hygiene (i.e. hair, oral, nail, and skin care)			
	Toileting (i.e. bladder, bowel, bed pan routines, etc.)			
	Dressing & Changing Clothes			
	Mobility & Transfers			
ing	Eating & Drinking			
	Medications (Review MAR - Medication Admin. Report)			
	Task	Observed (Yes/No)	Comment	
	Meal Preparation			
	Light Housekeeping			
-	Grocery Shopping			
Instrumental Activities	Transportation/Traveling in the Community			
ntal	Laundry			
Activ	Handling Money			
ities	Using the Telephone			
	Reading of Specific Items			
	Wash Equipment			
	Other			
Nurse Name:		Signature:	Date:	
Caregiver Name:		Signature:	Date:	