



(Assessment for appropriate placement form)

Reason for placement

- Individual can no longer take care of self
- Individual requires more care than family or friends can provide
- Individual has medical needs requiring supervision
- Physician recommended
- Discharged from hospital but requires temporary skilled care before returning home
- Other: _____

Level of care needed

- Supervision only
- Assistance with daily living activities (bathing, dressing, eating, incontinence, etc.)
- Therapy (physical, occupational, etc.)
- 24 hour nursing
- Intensive nursing
- Other: _____

Medical conditions

- Alzheimer's disease
- Cancer
- Cardiovascular disease
- Chronic pain
- Dementia
- Developmentally disabled
- Head trauma

- Hematologic condition
- Mental Health issues
- Neurological issues
- Orthopedic/skeletal problems
- Pulmonary disease
- Para/quadriplegic
- Stroke
- Trauma
- Wound
- Other: _____

Information on the above checked items:

Physician recommended therapies

- Physical
- Occupational
- Speech
- Respiratory
- IV drugs
- Medical supplies
- Prescription drugs
- Prosthetics
- Oxygen
- Special bed
- Ventilator
- Wheel chair
- Other: _____

Information on the above checked items:

Routine medical specialists needed

- Dental
- Dietician
- Ophthalmologist

- Physician
- Podiatrist
- Other: _____

Information on the above checked items:

Financial Resources available

- HMO or managed care
- Medicaid
- Medicare
- Private long term insurance
- Private pay
- Veteran's benefits
- Other: _____

Information on the above checked items:

Transportation

- Facility provided
- Family provided
- Public transportation

Social and religious activities preferred:

Special needs

- Language (other than English)
- Medically prescribed diet
- Diabetic

- Gluten free
- Vegetarian
- Low calorie
- Low protein
- Low purine
- Low sodium
- Low fat/cholesterol
- Food allergies
- Smoker
- Consumes alcoholic beverages
- Combative
- Other: _____

Information on the above checked items:

Facility Preference

- Private room
- Semi-private room
- Small facility (less than 25 beds)
- Medium facility (26 to 100 beds)
- Large facility (over 100 beds)

Activities where assistance is needed

- Bathing
- Continence
- Dressing
- Eating
- Housekeeping
- Laundry
- Managing finances
- Meal preparation
- Mobility
- Personal care
- Shopping
- Taking medication
- Telephoning
- Toileting
- Transportation

Other: _____

Information on the above checked items:

Legal

- Potential resident has a will
- Potential resident has durable power of attorney in place
- Potential resident has advanced directives
- Other: _____

Information on the above checked items:

Property and belongings

- Potential resident has a pet that he/she would like to accompany them to the new placement
- Potential resident has property that they would like to accompany them to the new placement, but the placement may have difficulty agreeing to (personal weapon, collectible knives or swords, etc.)
- Other: _____

Information on the above checked items:

Other pertinent information

Assessment completed for: _____

