

Althafer Senior Placement

(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: _____

Assessment completed by: _____

Date of assessment: _____

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