

Client Information Summary

Client Details

Client Name:	Tracy
Address:	gomtinagar
Insurance Provider:	Sumit

Signatures

Client Signature: Tracy	Financial Representative: dqe	Authorized Representative: akash
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Date: 2024-08-21

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Additional Client Information

Client Name:	Tracy
Date of Birth:	2024-08-15
Address:	Av. dos Andradas, 3000
City:	Lucnow
FL:	csa
Telephone:	32432532325
Emergency Contact:	9198701590
Emergency Telephone:	1342142142142
Health Problems:	ew
Service Time:	
DNRO:	yes

Frequency Schedule

Day	Available
Sunday	Yes
Monday	No
Tuesday	No
Wednesday	Yes
Thursday	Yes
Friday	Yes
Saturday	No

Care Needs Assessment (CNA)

CNA 1

Patient Name	tracy
Gender	female
MR Number	EF
Date	2024-08-28
Primary Diagnosis	DFCW
Secondary Diagnosis	sqq
PCP Name	sacin
Other Physician Name	fer

CNA 2

Past History	EFDE
Lives Alone	Yes
Family Composition	3
Legal Next of Kin	EFE
Telephone	32432532325
Caregiver Name	FEE
Address	1600 Amphitheatre Parkway

CNA 4

Personal Care	Yes
Mobility	No
Medication Administration	Yes
Meals	Yes
Environment	Yes
Procedures	No
Caregiver Name	sachin
Days/Time Available	23
Comments	none

CNA 5

Living Will	yes
Provisions	<ul style="list-style-type: none"> • No Resuscitation • No Feeding Tubes • Med Support Only
ADLs	<ul style="list-style-type: none"> • Bathing/Showering • Medication Reminders • Transfers • Shopping • Eating/M meal Preparation • Housekeeping
Safety Hazards	<ul style="list-style-type: none"> • Sound Structure • Adequate Cooking Facility • Safe Appliances • Adequate Plumbing • Grounded Plug • Safe Storage • Adequate Heating/Ventilation • Enough Electrical Outlets
Neuro/Mental Status	<ul style="list-style-type: none"> • Denies Problems • Fine Gross Tremor • Aphasia • Dizziness • Disoriented • Pupils • Weakness • Confused • Poor Balance • Unsteady Gait • Paraplegia/Quadriplegia • Headache • Forgetful • Anxious
Comments	none

CNA 6

Functional Limitations	<ul style="list-style-type: none"> • Amputation: none • Bowel Incontinence: Yes • Contracture: Yes • Hearing: Yes • Paralysis: No • Endurance: Yes • Ambulation: No • Speech: Yes • Vision: No • Poor Manual Dexterity: Yes • Legally Blind: No • Dyspnea: Yes • Poor Hand-Eye Coordination: No
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- Unsteady Gait: Yes
- Poor Balance: No
- Other: none

CNA 7

Skin Assessment

- Denies Problems: Yes
- Color:
 - Normal: Yes
 - Pink: No
 - Pale: No
 - Cyanotic: No
 - Jaundiced: Yes
- Temperature:
 - Hot: No
 - Warm: Yes
 - Cool: No
- Condition:
 - Dry: Yes
 - Moist: No
 - Ecchymosis: No
 - Rash: Yes
 - Petechie: Yes
 - Itch: Yes
 - Redness: Yes
 - Bruises: No
 - Scaling: Yes
- Comment: none
- Open Wound Location: none
- Describe: none

CNA 8

Area	chest
Pain Better	sleep
Pain Worse	standing
Medication	none