Cathay Adult Day Care

**Participant Assessment Form­**

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| --- | --- | --- | --- |
| Participant Name | {FULL\_NAME} | Current Date | {CURRENT\_DATE} |
| 中文名 | {CHINESE\_NAME} | MLTC ID | {COMPANY\_ID} |
| DOB | {DOB} | MLTC | {COMPANY} |
| Address | {ADDRESS} | | |
| Spoken Language | {LANGUAGE} | Phone | {PHONE} |
| Medicaid ID | {MEDICAID\_ID} | Medicare ID | {MEDICARE\_ID} |
| Gender | {GENDER} |  |  |
| PCP Information | {PCP} | | |
| Emergency Contact | {NAME} | Emergency Phone | {EMERGENCY\_PHONE} |

Health Problems: (Check all that apply):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | HBP | High Blood Pressure 高血压 |  | HCHL | High Cholesterol高膽固醇 |
|  | LBP | Low Blood Pressure 低血压 |  | LCHL | Low Cholesterol低膽固醇 |
|  | N.PN | Neck Pain 頚痛 |  | HTRI | High Triglyceride高甘油三酯 |
|  | B.PN | Back Pain 背痛 |  | LTRI | Low Triglyceride低甘油三酯 |
|  | S.PN | Shoulder Pain 肩膀痛 |  | HEART | Heart Problem心臟問題 |
|  | L.PN | Leg Pain腿痛 |  | DIAB | Diabetes 糖尿病 |
|  | HEAR | Hearing 听力 |  | PARK | Parkinson’s 帕金森氏症 |
|  | VIS | Vision視覺 |  | ALZH | Alzheimer痴呆症 |
|  | WALK | Difficulty in Walking行走困難 |  | FALL | History of Fallings跌倒記錄 |
|  | RHEU | Rheumatism風濕病 |  | WHEEL | Wheelchair輪椅 |
|  | ART | Arthritis關節炎 |  | PRO | Prostate前列腺 |
|  | DIZZ | Dizziness 头晕 |  | THY | Thyroid甲狀腺 |
|  | ALL | Allergy過敏 |  | CAN | Cancer癌症 |
|  | OST | Osteoporosis骨質疏鬆 |  | AST | Asthma哮喘 |
|  | LUN | Lung Disease肺病 |  | OPR | Operation做手術 |

Comment: Type of Medication taking See pharmacy lists.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Body Status | | |  | |
|  | Blood Pressure | / | | Pulse |  |
|  | Height | CM | | Weight | LB |
|  | | **Health Condition** | Participant requires cueing to take medication. | | | |
|  | | Food Allergies |  |  | | |
|  | | Participant Smokes | Yes  No | | | |
|  | |  | Headache | | Cough | Chest pain |
|  | | Sob On Ambulance | Yes  No | |  | |

Cathay Adult Day Care

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| --- | --- |
| **Activity**: | |
| |  |  |  |  | | --- | --- | --- | --- | | Ambulation | Normal | Le Weakness |  | | Fall | Yes  No | Date of Fall |  | | Cane | Yes  No |  |  | | Walker | Yes  No |  |  | |  | |  |  | | Pain | Yes  No |  |  | | Most Pain 10 | 1  2  3 | 4  5  6 | 7  8  9  10 | | Least Pain 1 | mild | mod | worst | |  | |  |  | | Exacerbated by: | |  |  | | Walking  Standing | | Bending  Change of Weather | | | Location: | |  |  | |  | Neck Shoulder | Back  Knees | L  R  LE  UB | | Relieved by: | |  |  | | Prescribed PO medicine/Cream | | Patch PT | Exercise | | Effect of Control: | |  |  | | No Effect/ Limit Mod | | Full Control |  |     **Cardiology/Pulmonary**:   |  |  |  | | --- | --- | --- | | Dizziness | Headache |  | | Short of Breath | Pacemaker |  | | Cough | Shunt |  | | Chest Pain |  |  | |  | None |  |   **Functional Status (ADLS/IDSLS)**:   |  |  |  | | --- | --- | --- | | Grooming | Washing w / Assistance | Skincare | | Dental Hygiene | Toileting w / Assistance | Eating w / Assistance | | Dressing w / Assistance | Haircut | Walk w / Cane | | Walk w/ Assistance |  |  | |  | None |  |   **Toileting:**   |  |  |  | | --- | --- | --- | | Urine:  need to wear diaper | incontinence |  | | Bowel:  need to wear diaper | normal |  | |  |  |  | |  |  |  | |  | None |  |   Cathay Adult Day Care   |  | | --- | | Dietary Needs: | | |  |  |  |  | | --- | --- | --- | --- | | Diets | Low salt | Diabetic | Low Cholesterol | |  | Renal | Special Diet |  | | Nutrition | Yes  No |  |  | | Weight | Stable | Increased | Decreased | |  | |  |  | | Appetite | Good  Fair | Poor |  | |  |  |  |  | | Liquid intake | Daily 1 to 2 Cups |  |  | | Fruits/snacks | 1 to 2 Times |  |  | |  | |  |  |   **Communication/Hearing:**   |  |  |  | | --- | --- | --- | | With Hearing Appliance: | Yes  No |  | | Adequate (normal talk, TV, doorbell) | | | | Special Situation Only adjusts tonal quality | | | | Minimal Difficulty (when not in quiet setting) | | | | Highly impaired (absence of useful hearing) | | | |  | | |      |  |  |  | | --- | --- | --- | | Making Self Understood: | Yes  No |  | | Easily Understood | | | | Sometimes Understood (limited to making concrete requests) | | | | Usually understands (may miss part of intent of message) | | | | Rarely /Never Understands | | |  |  |  |  | | --- | --- | --- | | Ability to Understand Others: | Yes  No |  | | Understands | | | | Sometimes Understood (limited to making concrete requests) | | | | Usually understands (may miss part of intent of message) | | | | Rarely / Never Understands | | |   **Psychological/Social Condition**   |  |  |  | | --- | --- | --- | | Short-Term Memory Deficit | Anxiety | Crying | | Sadness/ Depression | Verbal Abuse | Isolation | | Physical Aggression | Anger | Inappropriate behavior | | | |
|  | |
| |  |  |  | | --- | --- | --- | | Participants have a history of receiving mental health treatment | YES | No | | Does the participant have a diagnosed mental health problem? | YES | No | | |
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| ASSESSMENT INFORMATION:  Reason for Assessment: Initial 6 Month Reassessment Other  Source of Information: Participant/Spouse Physician Family/Friends  Assessor Name: Date: {CURRENT\_DATE} | |
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| DISCHARGE INFORMATION:  Discharge Date:  reason for Discharge:  Comments: | |
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