



CM/CIS Assessment Interview Sheet

Assessment Information
Document age and marital status:
Who else is present during the visits:
COVID 19 Status:
Document older adult's hygiene:
Ambulation Devices: Cane, Walker, Wheelchair, etc.
Memory status:
Cognitive Status/Orientation to time, place, and people
Mental health status: If yes, any suicidal thoughts; sees psychiatrist/therapist
Overall

Living Condition
Living Arrangement: Number of people live, number of beds, housing type
Is the apartment clean, organized, and accessible?
Are appliances in good working condition?
Bathroom Safety equipment:



Overall:

MEDICAL CONDITIONS; LIMITATIONS AND HOSPITALIZATIONS:
<p>Fall Risk Assessment:</p> <ol style="list-style-type: none"> 1. Fall within the past three months? 2. Feels unsteady? 3. Does consumer Worry about falls? <p>If yes to at least one of the above questions, proceed with 4.</p> <ol style="list-style-type: none"> 4. MACH – 10 score <p>If scored 4 or more offer referral to fall prevention. If agreed, complete Multifactorial Risk Assessment Tool. The request IDC from Team’s RN to discuss consideration suggested by the Multifactorial Risk Assessment Tool.</p>
ER Visit within the past three months?
Hospitalization within the past six months?
Review medication and record their names, dosage, and frequency taken. The focus is to determine compliance and if there is unmet need for medication management.
List health condition:
Hearing status and need for hearing device:
Vision status and need for eyeglasses:
<p>How is appetite – how many meals/day?</p> <p>Does consumer consume adequate amount of vegetable, fruit, and dairy product</p> <p>Any chewing/swallowing problems</p> <p>Eating device: Denture, partials, etc.:</p>
PCP’s name, contact information, last and next appointment:



Mini-Cog Test:

CDS related questions

Indicators of Depression, Anxiety, Sad Mood:

Describe:

- 0 - Indicator not exhibited in last 3 days
- 1 - Exhibited 1-2 of last 3 days
- 2 - Exhibited on each of last 3 days

Behavioral Symptoms:

WANDERING, VERBALLY ABUSIVE, PHYSICALLY ABUSIVE, SOCIALLY INAPPROPRIATE, and/or RESISTS CARE.

- 0 - Did not occur in last 3 days
- 1 - Occurred, easily altered
- 2 - Occurred, not easily altered

Preventative health measures in the recent past – for CDS

Eye exam in LAST YEAR	
Dental exam in LAST YEAR	
Blood pressure measured in LAST YEAR	
Colonoscopy test in LAST 10 YEARS	
Hearing exam in LAST 2 YEARS	
Influenza vaccine in LAST YEAR	
Mammogram or breast exam in LAST 2 YEARS (for women)	
Pneumonia vaccine in LAST 5 YEARS (or after age 65)	

Recent health status - CDS related questions

Health Status within the past three days – will be used to answer CDS questions Problem conditions. Check all that were present on at least 2 of the last 3 days.

- Ascites (i.e., fluid in abdomen)
- Constipation



<ul style="list-style-type: none"> • Diarrhea • Fever • Loss of appetite • Nausea • Vomiting
<p>During the past 3 days, has the consumer had any of the following conditions?</p> <ul style="list-style-type: none"> • Chest pain/pressure at rest or on exertion • Dizziness or lightheadedness • Edema • Shortness of breath • None of the above

Other CDS related questions	
Do you feel safe?	
Do you feel lonely?	
PERS	
Education	
Legal Representative	
Long-term care goal	

ADLs and IADLs			
ADL	Who Helps?	IADL	Who helps?
Bathing		Housework	
Dressing/Undressing		Laundry	
Eating		Locomotion Outside	
Incontinence Management		Manage Finances	
Locomotion in Home		Meal Preparation	
Mobility in Bed		Med Management	
Toilet Use		Shopping	
Transfer in/out bed/chair		Telephone Use	
		Transportation	
Total Number of ADLs & IADLs			

To be eligible Applicant must be FIL 3C (at least 1 ADL or at least 6 IADL and at least one critical unmet need).

Critical needs: Any ADL, meal preparation, grocery shopping, medication management, and transportation only for medical treatment such as dialysis, chemotherapy, radiology, etc.



Support System
Informal support: provide name, contact information, and what they help with.
Formal Support: provide name, contact information, and what they help with.

Financial Assessment:

Gross Annual Income:

MH Status:

Risk Assessment:

Risk 1	Risk 2	Risk 3	Risk 4
<ul style="list-style-type: none"> Presence of one or more risk factors Lack of informal support Cannot go without services for 1 day Contact within 24 hours IDC required RN completes the Risk Assessment form 	<ul style="list-style-type: none"> Presence of one or more risk factors Unreliable informal support Cannot go without services for 1 day Contact within 24 hours IDC is required RN completes Risk Assessment form 	<ul style="list-style-type: none"> Presence of one or more risk factors Reliable informal support Able to provide for their own needs independently or with the help of a caregiver for at least 3 days Contact if emergency is to last longer than 3 days 	<ul style="list-style-type: none"> Presence of health risk factors Enrolled in a basic care plan Able to provide for their own needs independently or with the help of a caregiver for at least 7 days Contact if emergency is to last more than 7 days