StrongBase Senior Placement Services, LLC
 Assessment

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| Name of Patient | Home Phone | DOB |
| Address | State/Zip | Height/Weight |
| Name of POA/Family ⃝ POA Paperwork received | Phone | Email |
| 1. Current Diagnosis |
| 2. Physical Limitations |
| 3. Mental Health Limitations |
| 4. Treatment/Therapies |
| 5. Diet: (Salt/Sweet) | 6. Hearing/Sight |
| 7. Primary Doctor Contact: | 8. Insurance | 9.Allergies |
| **Status Of The Following** |
|   |  |  |  |  |  |  |  |  |  |   |
|   | *Ambulating* |  |  | *Bathing* |  |  | *Dressing/Grooming* |  |  | *Eating* |
|   | Independent |  |   | Independent |  |   | Independent |  |   | Independent |
|   | Needs Supervision |  |   | Needs Supervision |  |   | Needs Supervision |  |   | Needs Supervision |
|   | Total Care |  |   | Needs Assistance |  |   | Needs Assistance |  |   | Needs Spoon Fed |
|   | Bedridden |  |   | Total Help |  |   | Bedridden |  |   | Tube Feeding |
|   |  |  |  |  |  |  |  |  |  |   |
|   | *Transferring* |  |  | *Toileting* |  |  | *Medications* |  |  | *Cognition* |
|   | Independent |  |   | Independent |  |   | Independent |  |   | Always Alert |
|   | Needs Supervision |  |   | Needs some Help |  |   | Needs Supervision |  |   | Sometimes Alert |
|   | Needs Assistance |  |   | Incontinent |  |   | Needs Assistance |  |   | Early Dementia |
|   | Hoyer |  |   | Catheter Care |  |   | Total Help |  |   | Advanced Dementia |
|   |  |  |  |  |  |  |  |  |  |   |
| Other/Notes: |
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|
| **Mobility Assistance** |
|   |  |  |  |  |  |  |  |  |  |   |
|   | Wheelchair |  |   | Walker |  |   | Cane |  |   | Motorized Chair |
|   |  |  |  |  |  |  |  |  |  |   |
| **Do You Have Any Of The Following Items?** |
|   |  |  |  |  |  |  |  |  |  |   |
|   | Oxygen |  |   | Hospital Bed |  |   | Alcohol Drinker |  |   |  Pets |
|   |   |   |   |   |   |   |   |   |   |   |

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| **Facility Preferences** |
| 1. Location | 2. Assisted Living / Memory Care / Independent Living |
| 3. Budget/ Finances | 4. Style of Room Desired (Studio, 1 or 2 Bedroom) |
| 5. Desired Amenities |
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| 6. Desired Times/Dates to Tour |
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| 7. Facilities to Tour: |
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| **Tours Scheduled** |
| 1) |
| 2) |
| 3) |

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| **Notes** |
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