Initial Evaluation:

SECTION 1: DEMOGRAPHICS/HX

Name _____ Room _____
Doctor _____Admit Date _____
Med Rec # _____Today's Date _____

Code _____ Dx _____
Age _____ Gender ____ PMH _____
_____
_____
_____
Precautions/WB _____
Life Work

Prior Home (Check one)	Home Features (Check/Fill in)
Apartment _____	Entrance Steps _____ # _____
1-Story House _____	Up Railing _____ R/L/B _____
2-Story House _____	1st flr bed/ bath ___ Laundry ___
Assisted Living _____	2nd floor bed/ bath _____
ECF _____	Laundry in basement _____
Other	Shower stall _____
Lives Alone ____(Check)	Bathtub with shower _____
Social: _____	Other _____

Prior Equip. (Check)	Support Required Before Admission to Facility			
Walker _____	Blank = No set up or physical help			
Cane _____	1 = Set up help only			
Wheelchair _____	2 = One person physical help			
Portable Commode _____	3 = Two + physical help			
Elevated toilet seat _____				
Shower or tub chair _____	Bed mo.		Hygiene	
Grab bars _____	Transfer		Bathing	
Reacher_____	Dressing		Home mo.	
Other _____	Eating		Comm mo.	
	Toileting		Meal Prep	
Drives Car (Check) _____	Lt hswork		Other IODL	

Customary Routine (Check pre-admission routines)

Went out 1+ days/week _____ Daily family/friends _____
Stayed busy/Daily routine _____ Attended religious serv. _____
Much time alone/TV _____ Pet companion _____
Distinct Food Preferences _____ Group involvements _____
Bedclothes during day Satisfied with routine

Recent Interests:

Remote Interests:

SECTION 2: RESIDENT IDENTIFIED GOALS

Ask about goals. Then ask: "How would you rate your current performance in _____, on a scale from 0 to 10, with 0 being the worst possible and with 10 being the best possible"?

Goals (If stated by other, identify: _____)	Circle #
1.	0 1 2 3 4 5 6 7 8 9 10
2.	0 1 2 3 4 5 6 7 8 9 10
3.	0 1 2 3 4 5 6 7 8 9 10
4.	0 1 2 3 4 5 6 7 8 9 10
5.	0 1 2 3 4 5 6 7 8 9 10

SECTION 3: SELF CARE

Key: Self-Performance Check if any physical or verbal assistance is needed, or if no performance. Blank = Independent. Cross out irrelevant items. Count checks and record in Self-Performance Assists. Independent = 0.

Key: Support **0** = no set up or physical help **1** = Set up/SBA only **2a** = Contact guard **2b** = Physical help +1 **3** = Physical help +2

Bed Mobility	Self Performance Assists Needed			Support Needed
Roll right	L shouldr_____	L hip_____	L leg_____	Position _____
Roll left	R shouldr_____	R hip_____	R leg_____	Position _____
Supine-sit	R leg _____	L leg_____	Sit up_____	Position _____
Sit-supine	R leg _____	L leg_____	Lie down _____	Position _____

Transfers	Self Performance Assists Needed			Support Needed
Bed-w/c	Position_____	Lift _____	1/2 way _____	Position _____
Chair-w/c	Position_____	Lift _____	1/2 way _____	Position _____
Sit-stand	Lift _____	Straight_____	Place _____	Position _____

Dressing	Self Performance Assists Needed			Support Needed
T-shirt	RUE _____	LUE_____	Head _____	Pull down_____
Shirt	RUE _____	LUE_____	Back _____	Fasten _____
Coat	RUE _____	LUE_____	Back _____	Fasten _____
Bra	RUE _____	LUE_____	Fasten _____	Adjust _____
Socks	R heel _____	R adjust_____	L heel _____	L adjust _____
Shoes	R toe _____	R finish_____	L toe _____	L finish_____
Pants	RLE _____	LLE _____	Hips _____	Finish _____
Underwr	RLE _____	LLE _____	Front _____	Back _____
Orthosis	Retrieve _____	Place _____	Adjust _____	Fasten _____

Eating	Self Performance Assists Needed			Support Needed
Finger food	Grasp _____	To mouth _____	Open mth ____	In mouth _____
Utensil	Grasp _____	Scoop _____	To mouth _____	In mouth _____
Drink	Grasp _____	To mouth _____	Sip _____	Set down _____

Toilet Use	Self Performance Assists Needed			Support Needed
Clothes	Pants dn _____	Up knees_____	Up hips _____	Fasten _____
Cleanse	Grasp tp _____	Clean _____	Dispose tp_____	Flush _____
Pad/brief	Remove _____	Dispose _____	Position _____	Strips _____
Colost/Cath	Remove _____	Empty _____	Cleanse _____	Replace _____
Transfer	Position _____	Lift _____	1/2 way	Position _____

Personal Hygiene	Self Performance Assists Needed			Support Needed
Hair	Front _____	Right _____	Left _____	Back _____
Teeth	Paste on _____	Brush _____	Rinse _____	Cln Brush ____
Dentures	Remove _____	Prepare _____	Cleanse _____	Replace _____
Wsh Hands	R palm _____	L palm _____	R dorsum _____	L dorsum _____
Wsh Face	R cheek _____	L cheek _____	Forehead _____	Mouth _____
Shave	Right _____	Left _____	Chin _____	Above lip _____
Make-up	Lips _____	R cheek _____	L cheek _____	Neck _____

Bathing	Self Performance Assists Needed			Support Needed
U Body	Front _____	RUE _____	LUE _____	Front Peri_____
L Body	Thighs _____	L calf/foot ____	R calf/foot ____	Back Peri _____
Transfer	Position _____	Lift _____	1/2 way _____	Position _____
Legs in	R in _____	R out _____	L in _____	L out _____

Total	Self Performance Assists Needed

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