LIC 603 (9/99)

## PREPLACEMENT APPRAISAL INFORMATION

## **Admission - Residential Care Facilities**

APPLICANT'S NAME			AGE
HFALTH (Describe overall	health condition including any dietary	limitations)	
TIERETTI (Describe overall		illinations)	
DUVOIGAL DIGABILITIES	(Danasilia a sanahari addiratirati	Lafter a delta de la contra del contra de la contra del la contra de la contra del la contra del la contra de la contra de la contra de la contra de la contra del la contra del la contra de la contra del la contra dela	
PHYSICAL DISABILITIES	(Describe any physical limitations inc	luding vision, nearing or speech)	
MENTAL CONDITION (Spe	ecify extent of any symptoms of confu	usion, forgetfulness: participation in social activities (i.d.	e., active or withdrawn))
		najor illnesses, surgery, accidents; specify whether ho	spitalized and length of hospitalization in
last 3	years)		
SOCIAL FACTORS (Descr	ibe likes and dislikes, interests and a	ctivities)	
(			
BED STATUS		Laavurum.	
OUT OF BED ALL DAY	E THE TIME	COMMENT:	
IN BED ALL OR MOST O			
IN BED PART OF THE TI			
IN BED PART OF THE TI	ATION	DATE OF TB TEST	POSITIVE
IN BED PART OF THE TI	ATION	DATE OF TB TEST	POSITIVE NEGATIVE
IN BED PART OF THE TI TUBERCULOSIS INFORMA ANY HISTORY OF TUBERCULOSIS	ATION IN APPLICANT'S FAMILY?  NO	DATE OF TB TEST  ACTION TAKEN (IF POSITIVE)	

(Over)

AMBULA	TORY S	TATUS (this person is $\Box$ ambulatory $\Box$ nonambulatory)				
		s able to demonstrate the mental and physical ability to leave a building without the assistance of a person or the roon must be able to do the following:	e use of a mechanical device.			
YES	NO					
		Able to walk without any physical assistance (e.g., walker, crutches, other person), or able to walk with a can Mentally and physically able to follow signals and instructions for evacuation.	е.			
		Able to use evacuation routes including stairs if necessary.				
		Able to evacuate reasonably quickly (e.g., walk directly the route without hesitation).				
		PABILITIES (Check all items below)				
YES	NO	Active, requires no personal help of any kind - able to go up and down stairs easily				
		Active, but has difficulty climbing or descending stairs				
		Uses brace or crutch				
		Feeble or slow				
		Uses walker. If Yes, can get in and out unassisted?				
		Uses wheelchair. If Yes, can get in and out unassisted?  Yes  No				
		Requires grab bars in bathroom				
		Other: (Describe)				
		Cition (Decompo)				
SEDVICE	S NEEL	ED (Check items and explain)				
YES	NO	Collect items and explain)				
		Help in transferring in and out of bed and dressing				
		Help with bathing, hair care, personal hygiene				
		Does client desire and is client capable of doing own personal laundry and other household tasks (specify)				
		Help with moving about the facility				
		Help with eating (need for adaptive devices or assistance from another person)				
		Special diet/observation of food intake				
		Toileting, including assistance equipment, or assistance of another person				
		Continence, bowel or bladder control. Are assistive devices such as a catheter required?				
		Help with medication				
		Needs special observation/night supervision (due to confusion, forgetfulness, wandering)				
		Help in managing own cash resources				
		Help in participating in activity programs				
		Special medical attention				
		Assistance in incidental health and medical care				
		Other "Services Needed" not identified above				
Is there a	ny additi	onal information which would assist the facility in determining applicant's suitability for admission?	es \( \subseteq \text{No} \)			
If Yes, please attach comments on separate sheet.						
To the be	est of my	knowledge; I (the above person) do not need skilled nursing care.				
SIGNATURE			DATE COMPLETED			
APPLICANT (	CLIENT) OF	AUTHORIZED REPRESENTATIVE				
SIGNATURE		DATE COMPLETED				
LICENSEE OI	DATE COMPLETED					