

ELOPEMENT RISK ASSESSMENT

INSTRUCTIONS: Complete upon admission or per facility policy. For each question under Resident Evaluation Factors, check (✓) YES or NO as appropriate. On the reverse, check (✓) all interventions used and enter date initiated for each one checked. Summarize findings, conclusions and recommendations in the space provided.

RESIDENT EVALUATION FACTORS		YES	NO
1.	Is the resident cognitively impaired with poor decision-making skills (i.e., intermittent confusion, cognitive deficit or disoriented all the time)? If yes, explain _____		
2.	Does the resident have a pertinent diagnosis (i.e., Dementia, OBS, Alzheimer's, Delusions, Hallucinations, Anxiety Disorder, Depression, Manic Depression, Schizophrenia)? If yes, explain _____		
3.	Does the resident ambulate independently, with or without the use of an assistive device (including a wheelchair)? If yes, explain _____		
4.	Does the resident have any visual or auditory deficits? If yes, explain _____		
5.	Does the resident verbally express the desire to go home?		
6.	Does the resident have a history of elopement at home? If yes, number of times and explain occurrences _____		
7.	Does the resident have a history of leaving the facility without needed supervision? If yes, number of times and circumstances _____		
8.	Does the resident have a history of leaving the facility without informing staff? If yes, number of times and circumstances _____		
9.	Does the resident wander aimlessly? If yes, explain _____		
10.	Is the resident a new admission (within past 30 days) and not accepting the new situation? If no, number of days/months in the facility _____		
11.	Does the resident receive any medications that increase restlessness or agitation? If yes, explain _____		
12.	If this is a new behavior, has there been a medication change? If yes, explain _____		
13.	Is the resident experiencing any pain? If yes, explain _____		
14.	Has the resident sustained a personal tragedy or received upsetting information? If yes, explain _____		
15.	Is the resident wandering/seeking to find spouse and/or family? If yes, explain _____		

NAME-Last	First	Middle	Attending Physician	Record No.	Room/Bed
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