



☐ ABMC    ☐ ALMC    ☐ AMCO    ☐ APH    ☐ AAH \_\_\_\_\_  
☐ AHCM-AS    ☐ AMCG    ☐ AMCS    ☐ ASMMC    \_\_\_\_\_  
☐ AHCM-SL    ☐ AMCK    ☐ AMCWC    ☐ AWAMC    ☐ AMG \_\_\_\_\_  
☐ AHCM-SS    ☐ AMCMC    ☐ AMHB    ☐ AUWAMG    ☐ Other \_\_\_\_\_

## SOCIAL WORK / CASE MANAGEMENT ADULT ASSESSMENT

### Demographics

Pt is: ☐ Employed    ☐ Retired    ☐ Other \_\_\_\_\_

Contact Persons: \_\_\_\_\_

Code Status: ☐ Code    ☐ No Code

### Interview

Assessment Contacts: \_\_\_\_\_

Mental status prior to admission: \_\_\_\_\_

Mental status current: \_\_\_\_\_

Communication:    ☐ Cooperative    ☐ Other: \_\_\_\_\_

Lives:    ☐ Alone    ☐ With Spouse    ☐ With Family    ☐ With friend/significant other    ☐ NH/CBRF/Assisted Living/Group Home

Lives in: ☐ Home    ☐ Apt    ☐ Other

Steps to enter: \_\_\_\_\_ Bed on main level: ☐ Y    ☐ N    Bath on main level: ☐ Y    ☐ N

Finances    ☐ Not a concern    ☐ Concerned

☐ Medication Coverage

Comments related to Finances: \_\_\_\_\_

### Functional Status Prior to Admission

ADLs	<input type="checkbox"/> Independent	<input type="checkbox"/> Needs Assistance	<input type="checkbox"/> Total Assist
Household Management	<input type="checkbox"/> Independent	<input type="checkbox"/> Needs Assistance	<input type="checkbox"/> Total Assist
Medication Management	<input type="checkbox"/> Independent	<input type="checkbox"/> Needs Assistance	<input type="checkbox"/> Total Assist
Transportation	<input type="checkbox"/> Drives	<input type="checkbox"/> Family	<input type="checkbox"/> Other _____

### DME at Home

☐ O<sub>2</sub>    ☐ Cane / walker / wheelchair    ☐ Hospital Bed    ☐ Commode    ☐ Raised Toilet Seat    ☐ Shower chair / bath bench  
☐ Other \_\_\_\_\_

### Pre-existing Agency / Supports / Coping

☐ Formal Support of: \_\_\_\_\_

☐ Informal Support of: \_\_\_\_\_

☐ Stressors: \_\_\_\_\_

### Advance Directive

☐ Living Will    ☐ DPOAHC    ☐ Activated DPOAHC    ☐ Legal Guardianship    ☐ Pre-hospital DNR bracelet

Comments: \_\_\_\_\_

### Discharge / Care Planning

Patient / Family goal \_\_\_\_\_

☐ No Anticipated Needs    ☐ Discharge / referral needs

Disposition: ☐ Assisted Living / RCAC    ☐ CBRF    ☐ Family / caregiver home    ☐ Home    ☐ Inpatient Rehab  
☐ Jail    ☐ Long Term Nursing Home    ☐ Sub-acute Nursing Home    ☐ Other \_\_\_\_\_

Services / Support: ☐ Aid Services    ☐ 24 hour assistance    ☐ Community Resources    ☐ Delivered Meals  
☐ Dept. of Aging    ☐ Equipment    ☐ Family Support    ☐ Home Health – Skilled  
☐ Hospice Care    ☐ Lifeline    ☐ Outpatient Services    ☐ Transportation Resources

Comments: \_\_\_\_\_

Date/Time \_\_\_\_\_ Signature \_\_\_\_\_

