

SOC/ROC/RECERT/DICHARGE ASSESSMENT TOOLS (CIRCLE/FILL OUT)

PATIENT NAME: _____ DATE/TIME: _____ SS# _____

RESIDENCE: HOUSE/APARTMENT/B&C/ASSISTED LIVING/RETIREMENT HOTEL/OTHER: _____

ALLERGIES: _____ SURGERIES: _____ HT: _____ WT: _____

F2F: _____ NEXT MD APPOINTMENT: _____ TUG SCORE: _____

FLU/PPV/TETANUS/SHINGLES: _____ DATES: _____

HOSPITAL/REHAB/SNIF NAME AND ADMIT/DC DATES: _____

REASON FOR HOSPITALIZATION: _____ HX OF FALLS: _____

PCG/RELATION TO PATIENT: _____ / _____ PHONE# _____

IMPAIRMENTS: VISUAL: _____ HEARING: _____ SPEECH: _____

PAIN LOCATION: _____

PRESENT LEVEL OF PAIN (0-10/10) _____ WORST: _____ AGGRAVATING FACTORS: _____

RELIEVING FACTORS: REST/EXERCISE/REPOSITIONING/MASSAGE/HEAT/ICE/MEDS: _____

GU: UTI/WNL/INCONTINENT/BLOOD/ODOR/OTHER: _____ CATHETER: FOLEY/S-P/FR _____ OUTPUT CC: _____

GI: REGULAR/CONSTIPATION/DIARRHEA LAST BM: _____ / _____ / _____ OSTOMY LAXATIVES: _____

DIET: NPO/NAS/NCS/LOW FAT/CHOLESTEROL/HIGH FIBER/ OTHER: _____

DENTURES/IMPLANTS: UPPER/LOWER/PARTIAL _____ APPETITE: POOR/FIAR/GOOD DYSPHAGIA: YES/NO

LEG HAIR: PRESENT/ ABSENT _____

SKIN INTEGRITY: INTACT/WOUND/ULCER/SURGICAL: _____ STAGE: _____ SIZE: _____

WOUND CARE: _____

BP: _____ STAND/SIT/LIE HR: _____ REG/IRR T: _____ AX/OR/TYMP PR: _____ REG/IRR FBS/RBS: _____

EDEMA: ANKLE/PEDAL/OTHER: _____ CRAMPS: YES/NO NONPITTING/PITTING: _____ TRACE/ +1/ +2/ +3/ +4/

BREATH SOUNDS: CLEAR/DIMINISHED/WHEEZES/CRACKLES/RALES/RHONCHI/OTHER: _____

SOB: REST/EXERTION: _____ O2 SAT: _____ O2 USE: _____ L/MIN NEBULIZERS _____

COUGH: DRY/PRODUCTIVE _____ SPUTUM: COLOR _____ AMOUNT: SCANT/MIN/MOD/COPIOUS _____

ENDOCRINE: DM I/II HOW LONG: _____ BS RANGE: _____ DIET/ORAL/INSULIN: _____

MENTAL STATUS: ORIENTED/DISORIENTED/FORGETFUL/DEPRESSED/AGITATED/ANXIOUS/CONFUSED _____

DMEs: CANE/WALKER/W/C/HOSP. BED/SHOWER CHAIR/GRAB BARS/AIR MATTRESS/OTHER: _____

PHARMACY NAME: _____ PHONE: _____

SN FREQUENCY: _____ PT/OT/ST FREQUENCY: _____ CHHA FREQUENCY: _____

MSW: _____ REASON: DEPRESSION/SUICIDAL/UNSAFE/IHSS/COM. RESOURCES/LIVING WILL/AD/POA _____