



## **CASE MANAGEMENT INTAKE ASSESSMENT**

04/01/2021

**DATE:**

### **IDENTIFYING INFORMATION**

Name:

DOB:

SS#:

Primary Insurance- Type/#:

Secondary Insurance- Type/#:

Other Insurance- Type/#:

Address:

Phone:

Admission Date:

### **CLIENT AND FAMILY INPUT SURVEY**

PREFERRED OUTCOMES FROM PAIS CASE MANAGEMENT SERVICES (What kind of information or support would you like from PAIS?):

WHAT ARE YOUR IMMEDIATE CONCERNS?

WHAT SUPPORTS OR ASSISTANCE DO YOU CURRENTLY RECEIVE?

I WANT MY CASE MANAGER TO:

I DO NOT WANT MY CASE MANAGER TO:



## LEGAL INFORMATION

**Legal Representative:** Yes\* [ ] No [ ]  
If "Yes" Full [ ] Limited [ ]

Name:  
Address:  
Phone:

**Health Care Surrogate:** Yes\* [ ] No [ ]

Name:  
Address:  
Phone:

**Medical Power of Attorney:** Yes\* [ ] No [ ]

Name:  
Address:  
Phone:

**Payee:** Yes [ ] No [ ]

Name:  
Address:  
Phone:

**Conservator:** Yes [ ] No [ ]

Name:  
Address:  
Phone:

**Advocate:** Yes [ ] No [ ]

Name:  
Address:  
Phone:

**Emergency Contact Information:**

**\*Documentation is required prior to service provision.**



## **SOCIAL INFORMATION**

Whom can I count on?

Who is a good friend?

What people, organizations, or networks am I involved?

Who are the people that receive payment to be in my life (i.e. staff)?

Who would I like to participate in developing my plan?

What are my short-term and long-term goals and dreams? My dreams should be positive and possible. (*Where do I want to live? Ideal job? Who do I want to live with? What is my dream vacation? What do I want to learn?*) Who is going to help me achieve these goals/dreams?

What do I expect to be different because of receiving services and supports? What outcomes do I expect to accomplish with the help of supports?

What are the things that I like and dislike? What things do I consider pleasant and important? What do I like to do during my leisure time? What community activities do I enjoy?

What are my strengths? What am I good at?



**MEDICAL INFORMATION**

Who are my current doctors and what service do they provide? When was my last appointment with each doctor? What was the outcome of those visits?

What medications am I currently receiving? Dosage? Frequency? What do my medications treat?

What is my medical history? What medical and/or psychiatric treatments have I received? What is my current medical and psychiatric status?

What are my specific health and safety concerns (medical conditions, dietary restrictions, ambulation issues, sleep problems, bowel/bladder, speech, allergies, adaptive equipment, etc.)?

**RECOMMENDATIONS FOR FURTHER EVALUATION OF CLIENT'S PHYSICAL, EMOTIONAL, AND/OR BEHAVIORAL NEEDS, SOCIAL STRENGTHS, AND PREFERENCES:**

<b>Relationship</b>	<b>Signature and Credentials</b>	<b>Date</b>
Client		
Legal Representative		
Case Manager		