

Aging Care Consultation Services PLLC

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SAMPLE Assessment Report Template

Client assessed: _____, DOB _____
Date/time of visit: _____, from _____ to _____
Assessed by: Karin Taifour, MA LMHC GMHS

Key findings: [Person] has [diagnosis] and has / lacks decision making capacity for [specific]. It is recommended that [details].

Background

Reason for visit: At the request of _____, I visited _____ at home (at _____) to perform a comprehensive evaluation and provide recommendations to _____ regarding [Person]'s vulnerability to undue influence and possible functional impairment. The referral was prompted by _____.

_____ reported _____

Information below from _____ is identified as such; aside from that, this report is based on my conversation with [Person], my direct observation, and my analysis.

Prior to the visit, _____.

Visit details

Also present at visit: _____

Interpreter Needed: no, native English speaker

Presentation: [Person] is a _____-year-old _____ marital status, race, gender _____, living in _____.

Came to door

dressed in appropriate clothing... or soiled or stained.

clean and well groomed

makeup

jewelry

glasses

hearing aid

communication
agreeable to visit

Environment: Before entering the home, _____
Inside the home, _____

Note: Below I have attempted to limit my report of the discussion and contents of conversation to those areas most related to the initial concerns.

Summary of relevant discussion: _____

Note: additional interview information is captured under topic areas below, and information provided following the visit is identified as such.

Medical Information

Primary care provider: _____

Last known medical care: _____

Medications prescribed: _____

Functional Abilities/Needs

I=Independent
in Task

AA= Has Adequate
Assistance

AI= Has Assistance,
but Inadequate

NA=Needs
Assistance

NR=Needs, but
Refuses Help

	I	AA	AI	NA	NR	Comments / source(s) of assistance
Personal Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[details] or Denies any problem.
Toileting/Continence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shopping for Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Meal Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mobility/Transfers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Home Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial Mgmt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Paperwork/Forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Able / not able to read and see where to sign forms
Medical Care Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	I	AA	AI	NA	NR	Comments / source(s) of assistance
Use of Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knows / doesn't know to call 911 Is / is not able to exit in case of emergency

Fall Risk: Due to ____, it appears there is a low / moderate / high risk for falls.

Family and Other Support: _____

Financial Information

Income and resources:

Income

Expenses

Savings

Assets / other resources

Benefits

Comments from interview: When asked _____

Additional information from _____: _____

Mental health assessment

Psychosocial History: As focus was on decision-making capacity, not a lot of background history was gathered. Education level _____.

Mental Health Issues / Treatment History: [details] or None known/reported.

Drug and Alcohol Use/History: [details] or None known/reported.

Mental status assessment items: Appeared to be ...impaired or not... in multiple dimensions of mentality.

- **Orientation:** ____ day of the week, month, date, year, address, state.
- **Behavior:** Cooperative... resistant... indifferent... abnormal mannerisms... suspicious/paranoid behavior.
- **Level of consciousness:** alert and oriented to person, place, day, date, month, year; ____ ... or not oriented
- **Attention:** normal... distractible... unable to follow conversation... ____
- **Language:** Speech rate... volume... word finding... tangential... circumstantial... comprehension... naming... reading... writing

- Naming: when asked to identify as many animals as -she / he- could in one minute, was able to name ____.
- Visual: ____ able to identify shapes; clock:
- Visual-spatial: intact... impaired... slow to do task
- Memory:
 - Immediate (registering new information): _____; see testing section.
 - Registration: when asked to repeat back 5 items, was able to do register ____ after ____ trials.
 - Recall: ____ out of 5 items. Story exercise score ____ out of 8.
 - Short-term (recall of recently given information): _____; see testing section.
 - Long-term: as focus was on assessing capacity, did not assess long-term memory; however, it appeared _____.
- Abstraction: intact... impaired... _____.
- Insight / judgment: intact... impaired; see discussion of _____,
- Calculations: intact... impaired...; ____ to calculate or estimate income or expenses; when read the shopping question, addition was ____ correct, subtraction ____ correct.
- Thought content: unremarkable... delusions... hallucinations.. obsessions... confabulation...
- Thought processes: organized/intact... tangential... circumstantial... confused... redirectable.... Variable depending on content of conversation.
- Affect: unremarkable / appropriate to content... depressed... elevated...
- Mood: depressed... elevated ... variable...
- Depressive or manic signs/symptoms: denied any problems... caregiver/family report/observations... reported ...difficulty sleeping....pessimistic... feeling overwhelmed... feelings of guilt and hopelessness... loss of interest or pleasure in activities...; decreased energy...; feeling of fatigue....; psychomotor slowing....; difficulty concentrating....; difficulty making decisions and prioritizing tasks....
- Anxiety or panic-related signs/symptoms: denied any problems... caregiver/family report/observations... reported ... worry... panic.. agoraphobia or not...

Risk Assessment: Appears to be at very high risk of exploitation and perhaps vulnerable to personal physical violence. [capture any information related to] - or None known/reported. Lethality, weapons, suicidal ideation/risk, verbal abuse, assaultive ideation/behavior, vulnerability

Cognitive Testing

St Louis University Mental Status (SLUMS) exam is a cognitive screening tool that tests orientation, memory, attention, naming, figure recognition, and calculation. Research has shown it to be more sensitive to cognitive impairment than the historically common Mini-Mental Status Exam (MMSE). A score of 27 or above is normal, and a score 20 or below indicates dementia. [Person] scored ____ out of 30, which indicates ____ cognitive impairment.

Rowlands Universal Dementia Assessment Scale (RUDAS): measures a variety of mental abilities including language, reasoning, problem solving, attention and working memory. The

RUDAS was designed for use with multicultural populations and is considered to be less influenced by language and education level than other tests. A score below 20 indicates likely dementia.

[Person] scored ____ out of 30, indicating ____ cognitive impairment most likely at a ____ level of dementia.

Montreal Cognitive Assessment (MoCA): a cognitive screening tool that tests attention and concentration, executive functions, memory, language, visuoconstructional skills, conceptual thinking, calculations, and orientation. Research has shown it to be more sensitive to cognitive impairment than the historically common Mini-Mental Status Exam (MMSE). A score of 26 or above is normal.

[Person] scored ____ out of 30, indicating significant cognitive impairment most likely at a ____ level of dementia.

Frontal Assessment Battery (FAB): was designed to assess frontal lobe dysfunction to screen for frontotemporal dementia versus other types of dementia. A score below 12 indicates frontal lobe dysfunction.

[Person] scored ____, indicating ____ frontal dysfunction.

Trail Making Test: measures a variety of mental abilities including letter and number recognition mental flexibility, visual scanning, and motor function. Trails A involves connecting numbers in sequence; Trails B requires alternating between numbers and letters. A difference in performance on the two parts indicates executive functioning impairment.

[Person] did Trails A correctly in ____ seconds – a time of greater than 78 seconds is deficient. - she / he- was unable to complete Trails B, with even -his / her- first few steps being incorrectly done. ____ performance on Trails A and inability to do Trails B indicate ____ impairment in executive functioning.

Additional tasks:

- Visuospatial: able / unable to copy intersecting pentagons design.
- Language: able / unable to write a sentence

The Geriatric Depression Scale (GDS): a self-report questionnaire that screens for depression in older adults. [Person] scored ____, so by -his / her- self-report, this tool indicates that -she/he- does / does not have depression.

Assessment of Capacity in Everyday Decision-making (ACED, by Lai & Karlawish 2007): a structured interview format to discuss steps of the decision-making process. _lay out interview results... OR_ unable to complete structured interview due to _____. Attempted to ask client questions to gauge understanding, reasoning, and judgment throughout the visit. See discussion of assessment below.

California Undue Influence Screening Tool (CUIST, by Quinn, Nerenberg et al 2017): one of several tools that look at factors involved in undue influence, which is not a crime in and of itself, but rather a method to commit theft. This tool indicates that [Person]'s situation meets many of the criteria for undue influence to be a factor.

- client's vulnerability [add details]
- influencer authority or position of power
- actions or tactics
- unfair or improper outcomes

Information provided following the visit

Info from collaterals

Discussion

The four basic criteria examined in assessing decision-making capacity include understanding the problem, appreciating the situation and options, reasoning about options, and choosing an option / expressing a choice.

Understanding – [Person] demonstrated cognitive performance deficits in ____ areas essential to -his / her- being able to understand -his / her- situation and relevant information:

- Attention and concentration __ intact.. impaired.. variable
- Orientation ____.
- Short-term memory ____ (items) ____ (story details)
- Language comprehension and fluency
- Math
- Fund of knowledge and understanding of ____

Appreciating – [Person] is able / unable to use information and logic to see consequences of different options or likely outcomes of different actions. ____ reasoning and judgment were ____ intact.. impaired. __ able to plan or organize, or carry out tasks, __ gathering information. ____ able to see the consequences and ____ insight around the situation. ____

Reasoning – able to understand relevant information or to appreciate the situation and options, [Person] is able / unable to evaluate options for action to see what might be better or worse options. ____

Choosing – Because [Person] is able / unable to understand relevant information, appreciate the situation and options, or reason through options for action, [Person] is able / unable to express or communicate a choice and carry out action. ____

In examining decision-making capacity, it is also important to consider:

- Does the person's decision in this situation represent a change from previous decisions? ____
- Does it affect everyday safety and functioning? ____
- What is the complexity and substance of the documents, situation, or action? ____

The separate issues (____, ____) are not so complex and substantive by themselves; however, the combination of issues reach a level of significance where guardianship may be required.

While decisional capacity is time-specific, the fact that these difficulties have been present for ____years indicates that [Person]’s abilities to manage ____ situation are / are not likely to improve.

In fact, given the progressive nature of cognitive impairment and the aging process, it is highly likely that [Person]’s abilities will continue to worsen, and significantly so.

It is this cognitive impairment that underlies [Person]’s vulnerability. RCW 74.34.005 states in part: “(1) Some adults are vulnerable and may be subjected to abuse, neglect, financial exploitation, or abandonment by a family member, care provider, or other person who has a relationship with the vulnerable adult; (2) A vulnerable adult may be home bound or otherwise unable to represent himself or herself in court or to retain legal counsel in order to obtain the relief available under this chapter or other protections offered through the courts; (3) A vulnerable adult may lack the ability to perform or obtain those services necessary to maintain his or her well-being because he or she lacks the capacity for consent; (4) A vulnerable adult may have health problems that place him or her in a dependent position...”

Information above relates how [Person] is largely homebound and ____ has / lacks the ability to make decisions and consent to and obtain services to maintain -his / her- well-being. ____ memory problems and frailty make ____ dependent on ____ for assistance and support. Although ____ does not have a paid care provider, ____ meets the intent and definition under the law as a vulnerable adult.

Further, [Person]’s apparent / reported history of blood pressure or cardiac issues and the related risk of cerebrovascular issues, combined with ____ existing cognitive impairment, present a very high likelihood of [Person]’s health and cognition worsening in the future. This would result in [Person] being even increasingly more vulnerable and dependent, and needing higher levels of intervention and protection.

While less restrictive options are always preferable to guardianship/conservatorship, these do not appear feasible for [Person]. Due to considerable cognitive impairment, ____ does not have decisional capacity to sign/appoint a power of attorney or fiduciary agent

...family [details].

...Neighbors have been helpful in providing support and assistance, but ____ has become suspicious and paranoid about them at times, making this problematic in the longer term.

... ____ has / does not have assets so finding a professional guardian should be achievable / problematic.

Risks pointing to need for urgent action: ... describe safety, vulnerability, etc.

Summary

Diagnostic Impression: The information gathered by report, by observation and interview, and by cognitive testing supports a clinical diagnosis of ____ [specific dx e.g. unspecified neurocognitive disorder (DSM-V: 799.59; ICD-10: R41.9)]. In lay terms, [Person] has a mild / moderate / severe level of dementia.

[any other relevant diagnoses – include DSM and ICD-10 diagnosis code and term, and lay explanation of condition]

Findings of decision-making capacity: This visit and related information from ____ contributed to both a psychological assessment of [Person]’s attention, concentration, memory, abstraction, judgment/insight, executive function, as well as a decision-specific assessment of ____ knowledge, skills, abilities related to his situation and challenges. [Person] is also clearly under undue influence from ____ and is unable to recognize the risks or impact this has had on ____.

At the time of this visit, the evidence demonstrates that [Person] lacks / has / has limited **decision-making capacity to manage housing... finances. .. medical care...**

Recommendations:

I recommend that APS and law enforcement secure a Vulnerable Adult Protection Order and ____ get ____ off the property and away from ____ seize whatever assets ...

I would support the prosecution of ____ for theft with undue influence.

I highly recommend that as a transition, APS look at whether family is able to provide support, if trusted neighbors can step in, or if a geriatric care manager can be involved to support ____, as ____ will likely continue to be highly vulnerable.

I recommend that APS pursue ____guardianship and / or conservatorship of [Person] to ensure that ____ resources are protected from further loss, and that ____ current and future needs can be met.

____ seemed ____ agreeable to a financial manager and may accept a representative payee, but in my opinion, it seems likely that such measures would not be enough to handle this situation. Ultimately, in the process of guardianship proceedings, a court visitor will evaluate the situation further and make their recommendations to the court.

It has been a pleasure to provide this assessment service. I am happy to discuss further and answer additional questions at any time.

Clinician Signature: _____
Karin Taifour, MA LMHC GMHS dba Aging Care Consultation Services PLLC

Date signed electronically signed at ____ time