ABILITIES, INC

Pre-Admission Assessment/Screening

Identifying Information

Date of referral:_____ Date of Assessment:_____

Client Name: _____ ***Preferred Name:***_____

DOB: _____Social Security Number:_____

Type of Insurance: _____

Policy Numbers: _____

County of Residence: _____Civil Commitment_____

Current Placement:_____

Address:_____

Contact Person:_____

Phone Number: _____Fax Number_____

E-Mail Address: _____

Referring Agency/Person:_____

Address:_____

Phone Number:_____FaxNumber_____

Email Address:_____

Social Worker/Case Manager:_____

Address:_____

Phone Number:_____Fax Number_____

Email Address:_____

Legal Guardian:_____

Address:_____

Phone Number:_____Fax Number:_____

Power Of Attorney For Estate: _____

Address: _____

Phone Number_____Fax Number_____

Email Address_____

Funeral Arrangements:_____

Address:_____

Phone Number_____Fax Number_____

Billing/Contract Responsible Party:_____

Address:_____

Phone Number_____Fax Number_____

Email Address:_____

Health Provider Information

General Practice:_____

Address:_____

Phone Number:_____Fax Number_____

Email Address: _____

Neruology:_____

Address:_____

Phone Number:_____Fax Number:_____

Psychiatry: _____

Address:_____

Phone Number: _____Fax Number:_____

Dental:_____

Address:_____

Phone Number:_____Fax Number_____

Optical:_____

Address:_____

Phone Number:_____Fax Number:_____

Needs Assessment

Diagnosis:_____

_____

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Allergies:_____

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_____

Medications:

Name	*Dosage*	*Route*	*Frequency*

Personal Care/ADL Needs

Eating:_____

_____

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_____

SpecialDiet:_____

_____

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_____

Oral Care: _____

_____

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Dressing: _____

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Grooming: _____

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Bathing: _____

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Toileting:_____

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Incontinence:_____

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Transfers:_____

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Physical Health

General Health:_____

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Chronic Illnesses: _____

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Acute Illnesses: _____

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Recurring Illnesses: _____

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_____

Physical Disabilities:_____

_____

_____

Hearing:_____

_____

Eyesight: _____

_____

Dental/Dentures:_____

_____

Nursing Procedures:_____

_____

_____

Behavioral Patterns

Wandering/Elopment:_____

_____

_____

Self-Abuse: _____

_____

_____

Ingestion of Inedibles/Propensity to Choke: _____

_____

_____

Suicidal Ideation/Action: _____

_____

_____

Evacuation Capability: _____

_____

_____

Property Destruction/Physical/Mental Abuse: _____

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Triggers for Acting Out: _____

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Targets of Acting Out: _____

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Chemical Abuse: _____

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Other Typical Behavioral Patterns: _____

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Mental and Emotional Health

Self-Concept: _____

_____

_____

Maturity: _____

_____

_____

***Attitude**: _____*

_____

_____

Interaction with Others: _____

_____

_____

_____

Aggression/Combativeness: _____

_____

_____

_____

***Verbalization of feelings**: _____*

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Social Participation

Interpersonal Relationships: _____

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Leisure Activities: _____

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Family Contacts: _____

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_____

Community Contacts: _____

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_____

Religious Activities: _____

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_____

Other Social Information: _____

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_____

Independent Living Adaptation

Educational Skills: _____

_____

_____

Vocational Skills: _____

_____

_____

Money Management: _____

_____

_____

Communication Skills: _____

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_____

Food Preparation: _____

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_____

Shopping: _____

_____

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Use of Public Transportation: _____

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_____

Employment Search/Retention: _____

_____

_____

Housekeeping Skills: _____

_____

_____

Personal Interest Profile

What are your favorite activities?_____

_____

_____

_____

Do you prefer bathing in the morning or evening?_____

Do you prefer a shower or a bath?_____

Do you enjoy animals?_____

What are you favorite foods?_____

_____

_____

_____

What are your least favorite foods? _____

_____

_____

_____

What are your hobbies? _____

_____

_____

What kind of music do you prefer? _____

_____

_____

Are you a morning person or do you like to sleep in? _____

_____

Do you have a nickname? _____

What is your favorite color? _____

Are you a military veteran? _____

What is/was your occupation? _____

What is your nationality? _____

Where is your hometown? _____

What line of work are your parents in? _____

_____

Do you enjoy coffee or tea? _____

Do you have any special holiday traditions? _____

_____

_____

_____

Screened by:_____

Type of Placement Recommended:_____

Proposed Rate:_____