

CLIENT ASSESSMENT

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Assessment By Carol Pearl
Assessment On 11/13/2009

John Doe
4245 Maple Ave
Your City, NY 11000

Client ID 1

Opening Statement field

Assessment Module Overview

This sample displays just a few of the 90 pre-set assessment categories you can choose from included in **CareManager Pro**. Each category has Issues choices with Answer Wizards. Your assessment setup choices are easily customizable to edit / modify or add new categories or delete. You can add your own required or desired issues and answer wizards.

You simply select and load the desired Categories into your Client Assessment module. Then just select an issue, click (check box) edit your answer wizard, view and print a clear, easy to read Client Assessment Report. Like the one you're reading now. Complete your assessment in minutes. Later, using the integrated Care Plan module you quickly complete your Plan, Goals and Resolution date on any issue. Then you can print your Assessment combined with Plan of Care. All narrative fields have Spell-Check. No more typos. And you can import your logo to appear on the header of your report.

CareManager Pro's Assessment Module is user-friendly, easy to learn and master. One of many reasons why our software is the preferred choice of hundreds of professionals. Our no-obligation full-version trial runs for 30 days. Plenty of time to click away, explore and evaluate to make an informed purchase decision.

Below is a listing of ALL Category choices with description (description is optional display-can be suppressed as preference). Only the choices you've "checked" for your client's assessment will appear on your report. You can also include other Category choices to this assessment.

ADL- Ability to Dress

What is client's ability to dress?

ADL- Ability to Use Telephone

Does client have ability to use telephone?

ADL- Ambulation / Locomotion

Indicate client's ability to ambulate

ADL- Bathing

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What is client's ability to bath himself / herself?

ADL - Feeding / Eating

Indicate client's ability to feed himself / herself

ADL - Grooming

What is client's ability to maintain own grooming?

ADL - Meals

Indicate how client receives meals, number of meals per day, diet restrictions, etc.

ADL - Means of Moving Around Home

Describe means of which client moves around the home

ADL - Physical Appearance

Indicate client's general physical appearance

ADL - Toileting

What is client's toileting ability?

Advance Directives, Wills / Legal Issues

Indicate and describe any client legal issues, if assistance is required, availability of advance directives, wills, POAs, etc.

Allergies

List and describe client's allergies, if any

Assistive Items Required or Equipment in the Home

What assistive items or equipment does the client require and / or are available in the home?

Behavioral Issues - Anxiety Level

When does the client experience anxiety?

Behavioral Issues - Behavior Problems Frequency

How frequently does client reportedly demonstrate significant behavioral problems; (e.g.) verbal disruption, physical aggression, wandering episodes, self abuse, etc.)?

Behavioral Issues - Behaviors Demonstrated

Indicate behaviors client currently demonstrates at least once a week (from observation or report)

Behavioral Issues - Behaviors Observed

Has client been observed with behaviors indicated?

Behavioral Issues - Cognitive Functioning

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What is the client's level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands?

Behavioral Issues - Depressive Feelings

Have you observed or have been told that the client experiences depressive feelings as indicated?

Behavioral Issues - When confused

When is the client reported to be confused?

Cohabitation status

With whom is the client currently living?

Current Residence Data

Where does the client currently reside?

Elimination Status - Bowel Incontinence

How frequently does client have bowel incontinence?

Elimination Status - Ostomy

Does client have an ostomy that within the last 4 days: a) was related to an inpatient facility, stay or b) necessitated a change in medical regimen? (Exclude any ostomy whose purpose is facilitating drainage of urine.)

Elimination Status - Urinary Incontinence - Catheter Presence

Does client have urinary incontinence OR a condition requiring the use of a urinary catheter?

IADL - Transportation

Indicate how client gets around and level of assistance required if any.

Elimination Status - Urinary Tract / Infections

Indicate if client now has urinary tract issues or has had a history of urinary tract infections or been treated for a urinary tract infection in the past 14 days?

Endocrine - Insulin Dependency

Does client or caregiver demonstrate knowledge and skill with insulin preparation, injections and glucometer testing even though they verbally acknowledge ability?

Financial Factors - Health Needs

What are the financial factors impacting client's ability to meet health needs?

Functional Limitations

What functional limitations does client have?

Hearing and Auditory - Comprehension of Language

Which best describes the client's hearing and ability to understand spoken language? (Hearing refers to the ability to hear with hearing aids if patient usually wears them).

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Home - Appliance - Dryer

Home - Appliance - Electric Range

Home - Appliance - Gas Range

Home - Appliance - Refrigerator

Home - Appliance - Washer

Home - Appliance - Water Heater

Home - Bathroom

Home - Bedroom

Home - Electrical Safety

Home - Emergency Precautions

Home - Exterior

Home - General Precautions

Nutritional Assessment

Home - Living Area

Home - Medications

Home - Safety

Home - Sanitation

Home - Security

Home - Structural Barriers

Home - Vehicle

IADL - Clothing

Describe condition of client's clothing

IADL - Housekeeping

Indicate client's ability to perform housekeeping chores

IADL - Laundry

What is client's ability to do laundry?

IADL - Medications

What is client's ability to manage medications?

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IADL - Planning and Preparing Light Meals

Indicate client's ability to plan and prepare light meals

IADL - Shopping

Indicate client's ability to go shopping

IADL - Transportation

Indicate how client gets around and level of assistance required if any.

Life Expectancy

Describe client's life expectancy as having been diagnosed by a physician

Overall Prognosis

Which best describes the client's overall prognosis?

Pain Assessment

How often does pain interfere with the client's activity or movement?

Payment Sources

Indicate client's insurance payment sources

Physical Condition - Barriers to Learning

Describe any barriers to learning client has or required aids

Physical Condition - Blood Disorders

Indicates if client has now or has been treated for blood disorders

Physical Condition - Cardiac

Physical examination of client's cardiac - auscultate heart sounds

Physical Condition - Ears

Indicate results of physical examination of client's ears

Physical Condition - Eyes

Physical examination of client's eyes. Describe the patient's vision ability to see with corrective lenses if the client usually wears them.

Physical Condition - Gastrointestinal / Abdomen

Physical examination of client's gastrointestinal issues

Physical Condition - General

Describes in general terms or an provide and overview of client's health issues noted or observed

Physical Condition - Genitourinary

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Indicates client's history or presence of genitourinary issues

Physical Condition - High Risk Factors

Which of the risk factors characterize this client?

Physical Condition - Integument - Wounds

Does client have wounds?

Physical Condition - Motor

Indicate any issues with client's ability to walk, move about, muscle tone, coordination, etc.

Physical Condition - Mouth

What are the results of physical examination of client's mouth

Physical Condition - Nails

What are the results of physical examination of client's nails

Physical Condition - Neurologic

Describe any of client's neurologic issues

Physical Condition - Nose

What are the results of physical examination of client's nose

Physical Condition - Nutrition

Describe client's nutritional status

Physical Condition - Respiratory Status

What are the results of physical examination of client's respiratory status

Physical Condition - Throat

What are the results of physical examination of client's throat

Rehabilitative Prognosis

Which best describes client's prognosis with regard to functional status?

Respiratory Status

Dyspnea: When is the client noticeably short of breath? Note recent change, improvement or deterioration

Social Status

Describe client's social contacts with friends and family and frequency of contacts

Speech and Oral Expression of Language

Which best describes the client's ability to effectively express herself / himself through speech and verbal

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(oral) expressions of language?

Supportive Assistance

What type of caregiver assistance does the primary caregiver provide for client? Who, if anyone emerges as the client's primary caregiver, lead responsibility for managing care, providing the most frequent assistance

Therapies

Which therapies does the client receive at home?

Closing Statement field