

Resident Assessment Page 1

RESIDENT NAME:	DATE OF ASSESSMENT:
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PART A Personal Functioning

Personal Development: *"Do you observe the resident displaying any of these behaviors?"*

Active	Wants company	Never leaves home
Has Been Active	Wants friendship	Has experienced loss
Wants to be Active	Wants to volunteer	
Wants Work	Has limited support	

Personal Functioning Suggested Referrals:	
	Social Visiting
	Social Telephoning
	General Socialization
	Congregate Meals
	Volunteer Placement
	Employment
	Pastoral Care
	Resident Association
	Other

NOTES:

Behaviors Observed

Friendly	Difficulty in speech	Afraid
Pleasant	Feels hopeless	Tearful
Responsive	Complains of threats	Suspicious
Monotone Speech	Withdrawn	Angry
	Hallucinates	Anxious

Socialization

Hobbies/Talent (Past & Present):

Activities/Groups (Past & Present):

How Does Resident typically spend a day?:

NOTES/COMMENTS:

PART B Emotional Status

"Does resident state or imply any of these behaviors?"

Loneliness	Easily Upset
Worry/Anxiety	Medication Abuse
Suicidal Talk	Suicidal Behavior
Sleep Problems	Sleeping Pills

Emotional Status Suggested Referrals	
	Counseling
	Psychologist
	Psychiatrist
	Hospitalization
	Geriatric Assessment
	Other

Is emotional status typical of resident's lifelong emotional pattern, or just recent?

Currently or ever received professional help/counseling?

Yes	No	Unknown
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Does resident acknowledge need for assistance?

Yes	No
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PART C Community Supports

Family & Friends Support and Involvement

Client has family and/or friends:

Who call regularly	Assist sometimes	
Visit regularly	No social support	Does not need help
Assist w/care	Have no family	Resident is satisfied

Community Supports Suggested Referrals	
	Social Visiting
	Social Telephoning
	Counseling
	Congregate Meals
	Home Delivered Meal
	Respite
	Pastoral Visit

Other Agency Involvement

Agency:	Frequency	Service Provided:
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