

Instrumental Activities of Daily Living (not required for children)

<ul style="list-style-type: none"> --- Preparing meals --- Shopping --- Transportation --- Managing medications --- Housework --- Managing money --- Telephone use --- Employment 	<p>How have the changes in the member's condition impacted the member's service needs?</p> <p>Additional types of services Type: _____</p> <p>Fewer types of services Eliminate: _____</p> <p>Increased frequency Increase: _____ to _____</p> <p>Decreased frequency Decrease: _____ to _____</p> <p>Have there been any increases or decreases in the availability of the member's natural supports?</p> <p>Additional supports Type: _____</p> <p>Fewer supports Eliminate: _____</p> <p>Increased frequency Increase: _____ to _____</p> <p>Decreased frequency Decrease: _____ to _____</p>	
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Risk Factors

- Is the member without means of communication in an emergency?
- Is the member able to respond to emergencies independently?* *If member is never alone, check here for N/A:

Notes:

Cognitive Function and Memory/Learning

---	Cognitive function	How have the changes in the member's condition impacted the member's service needs?	
---	Judgment/decision-making	Additional types of services	Type: _____
---	Memory/learning	Fewer types of services	Eliminate: _____
---	Orientation	Increased frequency	Increase: _____ to _____
		Decreased frequency	Decrease: _____ to _____
		Have there been any increases or decreases in the availability of the member's natural supports?	
		Additional supports	Type: _____
		Fewer supports	Eliminate: _____
		Increased frequency	Increase: _____ to _____
		Decreased frequency	Decrease: _____ to _____

Risk Factors

--- Does the member need to be supervised at all times?

Notes:

Additional Information

If the member currently receives any skilled service, check all that apply below.

PT OT ST

Full thickness wound

How often seen by therapist?

Daily wound care

Home exercise plan frequency:

Is assistance needed?

Daily tracheostomy/NG suctioning

Daily intermittent catheterization

IV drug therapy (put doctor order in notes)

Due to inadequate nutrition

Nephrostomy care (put doctor order in notes)

Has the need for these services changed?

Ventilator/respirator >6/24 hours

Daily catheter irrigations

For inadequate nutrition:

Tube feeding

IV infusion

Document frequency, doctor orders, and summarize the medical oversight needed for each of the checked items in the notes field below.

Risk Factors

--- Is there any evidence of neglect by a caregiver?

--- Is there any evidence of self-neglect?

Notes:

Any risk factor marked 'Yes' must be addressed in the member's Crisis Intervention Plan

Reason and Rationale

Significant change for the member has occurred in at least three of the five domains: Yes No

Significant change for the member is likely to continue: Yes No

The member is in need of a full assessment: Yes No

Reason and Rationale: