## **SNF/LTC INITIAL ASSESSMENT** Please fax completed form to your facility's assigned SFHP Nurse.



All questions contained in this questionnaire are strictly confidential and will become part of the Residents' medical record.

Name (Last, First,	M.I.):		D	OB:	Α	uth#:		Admission	Date:	
Facility:					Attending:					
Admit Dx:					H	eight:		Weight:		
Co-Morbidities:					•••••					
Admit Level of (	Care: 🗆 Sub acute	🗆 Level 4 🗆 L	evel 3 🗆 Leve	2 □ Level	1 🗌 Cus	todial				
lustification for	Level:									
D/C Plan: 🗆 LTC	🗆 B&C 🗆 Home	□ Home with	HH 🗆 Home w	vith CBAS 🗆	] Home wi	th IHSS		#hrs/month:		
Current Barriers	to D/C Plan:				•••••					
Freatment Goals	:	••••••			••••••					
Prior Living Con	ditions:				•••••					
Prior Level of Fu	nction:				•••••					
<b>Does Resident h</b>	ave social or famil	y support?	∕es □ No <b>Des</b>	cribe:	••••••					
	wn DME? 🗆 Yes [	ññññ.			•••••					
	ave income? 🗆 Ye		nuch per mon	th?						
	ave an Advance D	· · · · · · · · · · · · · · · · · · ·			D	POA:		Phone Num	ber:	
	cility Provide Tran	•••••••••••••••••••••••••••••••••••••••			iī.			<u>.</u>		
	ortation Needs: $\Box$	··· <sup>7</sup> ·····			Other			·····		
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	·	5	,	-			·			
PATIENT SUPPO	RT/CAREGIVER									
Name (Last, First,	M.I.):				Relationship:					
Address:					EI	mail:				
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	ntract:	Cell Nu	nber:		W	/ork Nu	mber:			
Home Number:	ETY & ACTIVITY LE			eck all conditi			mber:			
Home Number: PERSONAL SAF		VEL Resident C		eck all conditi			mber:			
Dietary Requirer	ETY & ACTIVITY LE	VEL Resident C	are Needs (Che	eck all conditi □ Trach			mber:	□ Surgical	□ Pressure	
Home Number: PERSONAL SAF Dietary Requirer Chemo	ETY & ACTIVITY LE ments/Restrictions	VEL Resident C	are Needs (Che			oply)		□ Surgical □ Arterial	□ Pressure #:	
Home Number: PERSONAL SAF Dietary Requirer Chemo Colostomy	ETY & ACTIVITY LE ments/Restrictions:	VEL Resident C	are Needs (Che	□ Trach □ Other:	ons that a	oply) v	<b>mber:</b> Vounds	-	#:	
Home Number: PERSONAL SAF Dietary Requirer Chemo Colostomy Coma	ETY & ACTIVITY LE ments/Restrictions: Eloper/Wanderer Foley Cath G/J Tube	VEL Resident C	are Needs (Che □ O2 □ Smoker	□ Trach □ Other:	ons that a	oply) v		□ Arterial	-	
Home Number: PERSONAL SAF Dietary Requirer Chemo Colostomy Coma Dialysis/Days	ETY & ACTIVITY LE ments/Restrictions: Eloper/Wanderer Foley Cath G/J Tube	VEL Resident C	are Needs (Che	<ul><li>Trach</li><li>Other:</li><li>Suctionin</li></ul>	ons that ap	oply) y: V	Vounds	□ Arterial □ Venous	#:	
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