

Name _____ DOB _____ Date _____

Any Barriers to get Care Transportation Financial Language Physical Limitations Support system Other _____	Level of Activity: Type of activity (aerobics, cycling, dancing, running, stair machine, swimming, walking) No exercise Light exercise Mod. Exercise Strenuous exercise Frequency : _____	HOME SAFETY ASSESSMENT - Does your house have: Good Lighting Yes No Non-Slip surfaces in bath Yes No Grab bars in shower Yes No Functioning Smoke alarm Yes No Handrails on Stairs Yes No Non-slip rugs Yes No
	Functional Status Assessment	
	Code 1170F	

Cognitive Status: Excellent Diminished Dementia Alzheimer's Parkinson Alert & Oriented Other _____
Ambulatory Status: Excellent Good Fair Another Person Cane Walker Wheel Chair or Scooter Amputation R/L-AKA BKA Prosthetics
Hearing - Excellent Good Poor Deaf Hearing Aids or Device _____
Speech - Excellent Good Poor Post-stroke speech pathology Stutter Mute Slurred Normal _____
Vision - Excellent Good Poor Glasses Contacts Cataract(s) Glaucoma Macular Degeneration DM Retinopathy Other _____

ACTIVITIES OF DAILY LIVING (ADL) Does the patient need help with:		ADVANCE CARE PLANNING CPT:1157F, 1158F Does the patient have:	MEDICATION REVIEW/LIST CPT: 1160F and 1159F
Grooming Y / N	Toilet Use Y / N	Advanced Directive Y / N	Medication review Y / N
Housework Y / N	Shopping Y / N	Living Will Y / N	Medication List Y / N
Feeding Y / N	Walking Y / N	Surrogate Decision Letter Y / N	
Bathing Y / N		Copy/Document in chart Y / N	
Continent (Bowel/Bladder) Y / N		Date discussed with Pt/Family Member _____	
Prepare Meals Y / N			
Transferring (In/out of chairs) Y / N			

PAIN ASSESSMENT CPT Cat II: 1125F(pain present), 1126F (no pain)

Chronic Pain Y / N Generalized Location Y / N Location : _____

Mark Level of Pain

Controlled with: _____

Do you see Pain management: Dr _____

Fall Risk Assessment :	Scale	Scoring
1. History of falling; immediate or within 3 months	No 0 Yes 25	
2. Secondary diagnosis e.g Dementia, Arthritis, Depression etc	No 0 Yes 15	
3. Ambulatory aid : Bed rest/nurse assist Crutches/cane/walker Furniture	0 15 30	
4. IV/Heparin Lock	No 0 Yes 20	
5. Gait/Transferring : Normal/bedrest/immobile Weak Impaired	0 10 20	
6. Mental status: Oriented to own ability Forgets limitations	0 15	

NO RISK: 0-24 LOW RISK: 25-50 High Risk: more than 51 3288F: fall screen documented
1101F: no falls in past year or one fall without injury. 1100F: 2 or more falls past year or one fall with injury