

## Independent and Assisted Living Health Appraisal – Pre-Admission

	Definitions:
	"Independence" means without supervision, direction or active personal assistance. "Assistance" means with supervision, direction or personal help
	Please check the description that best applies to the Applicant:
Ambul	ation – how one moves about, including physical ability (walking) and mental ability to get from one place to another place
	No help needed Needs total assistance
	Some; Explain:
Uses:	CaneWalkerOther (describe)
Speed:	Normal Slowly Very Slowly
Γransf	er – process of moving between positions (to/from bed, chair, and standing)
	No help needed Needs Total Assistance Some Explain:
Eating	<ul> <li>process of taking food into the body</li> <li>No help needed Needs Total Assistance</li> </ul>
	No help needed Needs Total Assistance Some Explain:

Applicant/ Family TO COMPLETE Health Appraisal Pre-admission

## Applicant/ Family TO COMPLETE Health Appraisal Pre-admission

<b>Diet</b> – foods one can eat, as prescribed by physician
RegularRegular, no salt on tableOther (specify):
Dietary limitations:
Personal Hygiene/Grooming – washing face, combing hair, shaving, brushing teeth, nail care, makeup
No help needed Needs Total Assistance
Some Explain:
<b>Bathing</b> – (tub bath or shower) getting in and out of tub/shower, supervision during bathing
No help needed Needs Total Assistance
Some Explain:
<b>Dressing</b> – gets clothes from closets and drawers; puts on clothes, socks and shoes, manages fasteners
No help needed Needs Total Assistance
Some Explain:
<b>Toileting</b> – going to and from toilet for bowel and urine elimination, cleansing self and adjusting clothes
No help needed Needs Total Assistance
Some Explain:
Continence – ability to control urination and bowel movement
Continent Incontinent, Needs Total Assistance
Occasionally Incontinent, Explain:

<b>Medication</b> – ability to administer medication as they are prescribed
No help needed Needs Total Assistance
Some Explain:
<b>Personal Laundry</b> – ability to wash and dry clothes (using a washer and dryer machine)
No help needed Needs Total Assistance
Some Explain:
Visual Impairment
None Wears glasses or contacts
Some visual impairment; Explain:
Any past or planned eye surgery(s):
Hearing Impairment
None Wears hearing devices
Some hearing impairment; Explain:
Episodes of ringing in the ears, vertigo (dizziness)
Explain:
Speech Impairment
None
Some speech impairment; Explain:
Fatigue
Able to get around without signs of tiredness or weakness
Often experiences tiredness and / or weakness
Requires oxygen while ambulating about or during normal daily activities
(e) 626.355.7240 (a) 626.355.7267 (a) info@britishhome-ca.us (a) www.britishhome-ca.us

## **Sleeping Patterns**

Sleeps 6 – 8 hours nightly
Some interrupted nighttime patterns; Explain:
Requires medication to insure restful night
Takes a daily nap Usual bedtime: Morning wake up time:
rientated to Time – knows time of day and night; knows day, month and year
Always Never
Sometimes; Explain:
riented to Place – knows location where he/she is at all times; knows familiar places
Always Never
Sometimes; Explain:
riented to Person- knows own name and the name of familiar person
Always Never
Sometimes; Explain:
orgetfulness – inability to recall recent and past information
Always Never
Sometimes; Explain:
andering – does the applicant (or has ever) wander outside and forgets where to go or how to get home
No Yes; Explain:
there any other useful information which would assist the Home in determining the applicant's suitability for mission?
gnature of Applicant or applicant's representative: Date:

Return to: The British Home, 647 Manzanita Ave., Sierra Madre, CA 91024

 $\textcircled{\$} 626.355.7240 \quad \textcircled{\$} 626.355.7267 \quad \textcircled{$\boxtimes$ info@britishhome-ca.us} \quad \textcircled{\textcircled{\#} www.britishhome-ca.us}$