



Longview Adult Care Facility Admission Evaluation Form

Name _____ Sex _____ Age _____ Date _____

Birthdate _____ Desired Occupancy Date _____ Marital Status _____

Legal Residence _____ Phone _____

Religion _____ Church Affiliation _____

Social Security Number _____

Medicare # _____ Medicaid # _____

Other Health Insurance _____ Policy # _____

Physician _____ Phone _____

Address _____

Other Health Care Provider _____ Phone _____

Address _____

Eye Doctor _____ Phone _____

Address _____

Dentist _____ Phone _____

Address _____

Psychiatrist _____ Phone _____

Address _____

Medical Equipment _____

Present Diagnosis _____

Medical History _____

Current Medications (include non-prescription drugs) _____

Prescribed Diet _____

Allergies _____

Do you have home care or home health care? _____

(OVER)

COMMUNICATION	
	Specify:
Normal Speech	
Speech Defect	
Extreme Difficulty	
Unable to Speak	
PERSONAL HYGIENE	
Tub/Shower	
Minimal assist	
Maximum assist.	
HEARING	
Adequate	
Adequate w/aide	
Poor	
Deaf	
VISION	
Adequate	
Adequate w/ Glasses	
Poor	
Blind	
APPETITE	
Good	
Fair	
Poor	
ABILITY TO CHEW	
Has own teeth	
No Teeth	
Dentures	
Trouble Swallowing	
EATING	
Independent	
Minimum assist	
Maximum assist	
SLEEP PATTERNS	
Sleeps all night	
Awakes at times	
Awake often	
Naps during day	
Normal bedtime	
DRESSING / GROOMING	
Independent	
Minimum assist	
Maximum assist	

ORIENTATION	
	Specify:
To Time	
To Place	
To Person	
Short-term memory	
LEARNING	
Follows directions	
Unable to follow directions at times	
Unable to follow directions	
ACTIVITY	
Ambulate ad lib	
Alone w/cane	
Alone w/walker	
Wheelchair	
Manage stairs alone	
BEHAVIOR	
Quiet	
Friendly	
Alert	
Anxious	
Occasional confusion	
Withdrawn	
Other	
CONTINENCE	
BOWEL:	
Controlled & regular	
Constipation	
Laxitives	
Enemas	
Incontinent	
BLADDER:	
Controlled	
Dribbles	
Occasionally incontinent	
Depends	
MEDICATION	
Controls own	
Needs Supervision	

rk history: _____

erests: _____

(to be completed by case manager)

Pre-admission note: _____
