Wooster Community Hospital Community Care Network
Supplemental Health Profile

Patient's Name: _____ DOB:_____ Sex: ___ Phone: _____

Address: _____ PCP: _____ PCP Phone:_____

If over the age of 45, or taking blood pressure medications, or blood pressure over 135/80; have you had your blood sugar checking in the last year? _____Yes _____No

Functional Status					
Have your thoughts or feelings impacted your ability to care for yourself? (select one)					
	No or minimal impact		Moderate change		Marked changed

Social/Relationships					
Have your thoughts or feelings caused a worsening in your relationship or interaction with family or friends? (select one)					
	No or minimal impact		Moderate change		Marked changed

School/Work/Purposeful Activities					
Have your thoughts or feelings caused problems with you attending school, work or participation in purposeful activities? (select one)					
	No or minimal impact		Moderate change		Marked changed

Self Care Activities
Do you need help with performing self care or daily activities? _____Yes _____No *If answer is "Yes", then proceed to ADL and IADL surveys. If answer is "No", profile is complete.

ADL Assessment

Bathing (sponge bath, tub bath, or shower) Receives either no assistance or assistance in bathing only one part of body					
	no assist		Moderate assist		Marked assist

Toileting – Goes to toilet room, uses					
	no assist		Moderate assist		Marked assist

Transferring – Moves in and out of bed					
	no assist		Moderate assist		Marked assist

Continence – Controls bowel and bladder completely by self (without occasional “accidents”)					
	no assist		Moderate assist		Marked assist

Ability to use telephone (select one)	
	Operates telephone on own initiative, looks up and dials numbers, etc.
	Dials a few well-known numbers
	Answers telephone but does not dial
	Does not use phone at all

Shopping (select one)	
	Takes care of all shopping needs independently
	Shops independently for small purchases
	Needs to be accompanied on any shopping trip
	Completely unable to shop

Food Preparation (select one)	
	Plans, prepares and serves adequate meals independently
	Prepares adequate meals if supplied with ingredients
	Heats, serves, and prepares meals or prepares meals but does not maintain adequate diet
	Needs to have meals prepared and served

Laundry (select one)	
	Does personal laundry completely
	Launders small items, rinses stocking, etc.
	All laundry must be done by others

Mode of Transportation (select one)	
	Travels independently on public transportation or drives own car
	Arranges own travel via taxi, but does not otherwise use public transportation
	Travels on public transportation, taxi, or automobile when accompanied by another
	Does not travel at all

Responsible for Own Medication (select one)	
	Is responsible for taking medication in correct dosage at correct time
	Takes responsibility if medication is prepared in advance in separate dosage
	Is not capable of dispensing own medication

Ability to Handle Finances (select one)	
	Manages financial matters independently (budget, writes checks, pay rent/ bills, goes to bank), collects and keeps track of income
	Manages day-to-day purchases, but needs help with banking, major purchases, etc.
	Incapable of handling money

Pain Needs

Are you currently taking any medications for pain management? _____Yes _____No

Are you currently seeing a pain specialist for treatment? _____Yes _____No

How bad is your pain on a scale from 1-10? _____

During the past 30 days, for about how many days did PAIN make it hard for you to do your usual activities, such as self-care, work, or recreation? _____ number of days _____Unsure _____Prefer not to say

Where is your pain? _____

CURRENT Durable Medical Equipment			
	Apnea Monitor		Nebulizer
	Bath bench/shower chair		Oxygen
	Bedside Commode		Peak Flow
	Blood pressure equipment		Scale
	Cane		Telehealth Unit
	CPAP/biPAP		Trach Supplies
	Feeding pump		Walker
	Glucometer		Wheelchair
	Grab bars		None
	Hospital bed		Other
	Medication box		

Durable Medical Equipment NEEDED :			
	Apnea Monitor		Nebulizer
	Bath bench/shower chair		Oxygen
	Bedside Commode		Peak Flow
	Blood pressure equipment		Scale
	Cane		Telehealth Unit
	CPAP/biPAP		Trach Supplies
	Feeding pump		Walker
	Glucometer		Wheelchair
	Grab bars		None
	Hospital bed		Other
	Medication box		

Medication Allergies: _____

_____

_____

Comments:

Signature of person completing assessment: _____ Date: _____

References:

Camden coalition of healthcare providers. (2014). Care management forms. Retrieved April / 10, 2014, Retrieved from http://www.camdenhealth.org/cross-site-learning/resources/care-intervetions/care-management-information/

Graff, C. (2013). The Lawton instrumental activities of daily living (IADL) scale. Retrieved April / 30, 2014, Retrieved from http://consultgerirn.org/uploads/File/trythis/try_this_23.pdf

Shelkey, M., & Wallace, M. (2012). Katz index of independence in activities of daily living (ADL). Retrieved April / 30, 2014, Retrieved from http://consultgerirn.org/uploads/File/trythis/try_this_2.pdf