

The Pines

Current Situation of Resident's Health

Name: _____ Date: _____

Level of Self Care (please check the appropriate answer)

Task	Independent	Needs Help	Unable
1. Bathing			
2. Dressing			
3. Feeding			
4. Use of Toilet			
5. Care of Hair			
6. Care of Teeth			
7. Getting in/out of Bed			
8. Getting in/out of Chairs			
9. Care of Fingernails / Toenails			
10. Shaving			
11. Medications			
12. Personal Orientation (General)			
13. Behavior (Responding and Acting Individually with Others)			

14. Walking: Normal Unsteady Cane Walker Wheelchair Crutch

15. Bowel Control: Normal Occasional Loss Frequent Loss

16. Bladder Control: Normal Occasional Loss Frequent Loss

17. Does Resident Require Adult Diapers: Yes No

18. Can Resident's Needs Be Met in a Non-Medical Facility: Yes No

Resident or Representative Signature:

X _____ Date: _____