

## Nursing Home Pre-Assessment Information

This form was completed by: Name/Title: \_\_\_\_\_

Further questions regarding this information should be directed to:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### ***Patient Information***

Patient Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_

Nursing Home Sponsor/Representative Name and Contact Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Durable Power of Attorney/Legal Guardian (*if applicable*)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### ***Admission Information***

Admission Date (MM/DD/YYYY): \_\_\_\_\_

Admission Diagnosis: \_\_\_\_\_

\_\_\_\_\_

Presenting Problem/Reason for Admission: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referral Source: \_\_\_\_\_

Attending Physician: \_\_\_\_\_



Were any PRN medications given during the stay? If so, please explain:

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Did patient have any issues with medications being administered during the stay? If so, please explain:

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Allergies: \_\_\_\_\_

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Did patient tolerate treatment and environment well? Please explain and include any triggers for outbursts or anything that soothed the behavior from reoccurring:

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Please list patient specific behaviors noted during the stay:

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***Discharge Plans***

Does patient have any follow-up appointments and/or treatments that need to be scheduled? If so, please explain:

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Recommendations: \_\_\_\_\_

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**Please include copies of the following along with this form:**

1. Current OBRA PASRR Level 1/Level 2
2. Current Physician Orders
3. Current Notes – Behavior, Nurses, Dietary
4. Medication reconciliation list