

# SeniorSelectWI.com

Date: April 30, 2007

Phone: 414-425-1493

Profile # 27133

Fax: 414-425-6694

Preferred Occupancy: Soon Age: 48 Male:      Female: X  
Facility Type: Group Home  
Payment Source: Funding pending (COP and CIP) Private:      Semi-Private:       
Area looking to be placed: Southside

NOTES/HISTORY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ASSESSMENT: \_\_\_\_\_  
\_\_\_\_\_

Ambulation <u>Wheel Chair - self propels</u>	Memory Loss: <u>No</u>	Bath Asst: <u>x1</u>
Incontinent: <u>No</u>	Special Diet: <u>General</u>	Dress Asst: <u>x1</u>
Wandering Potential: <u>No</u>	Smoker: <u>    </u>	Eating Asst: <u>No</u>
Med Management: <u>Yes</u>	Hearing: <u>    </u>	Transfer Asst: <u>x1</u>
Drug/Alcohol Use: <u>    </u>	Vision: <u>    </u>	Insomnia: <u>    </u>
Dementia/Alzheimers: <u>    </u>		Stages: <u>    </u>
Diagnosis: 1.) <u>Paraplegic</u>	2.) <u>Spinal cord injury</u>	
3.) <u>    </u>	4.) <u>    </u>	

Note: The information contained herein is for preliminary discussion purposes only. A final complete assessment will follow upon acceptance.