

SeniorSelectWI.com

Date: July 18, 2007

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Profile # 27158

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Preferred Occupancy: _____ Age: 77 Male: _____ Female: X
Facility Type: CBRF
Payment Source: Family Care on admit. Private: _____ Semi-Private: _____
Area looking to be placed: Southside

NOTES/HISTORY: Fractured hip 3 weeks ago. Ambulation 40 feet SBA.

ASSESSMENT: After Hosp. Stay

Ambulation: <u>Wheel Chair-Walker SBA</u>	Memory Loss: _____	Bath Asst: _____
Incontinent: _____	Special Diet: _____	Dress Asst: _____
Wandering Potential: _____	Smoker: _____	Eating Asst: _____
Med Management: <u>Yes</u>	Hearing: _____	Transfer Asst: _____
Drug/Alcohol Use: _____	Vision: _____	Insomnia: _____
Dementia/Alzheimers: _____		Stages: _____
Diagnosis: 1.) <u>UTI</u>	2.) _____	
3.) _____	4.) _____	

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