

THE BRITISH HOME

Independent and Assisted Living

Health Appraisal – Pre-Admission

Name of Applicant: _____

Definitions:

“Independence” means **without** supervision, direction or active personal assistance.
“Assistance” means with supervision, direction or personal help

Please check the description that best applies to the Applicant:

Ambulation – how one moves about, including physical ability (walking) and mental ability to get from one place to another place

_____ No help needed _____ Needs total assistance
_____ Some; Explain: _____

Uses: _____ Cane _____ Walker _____ Other (describe) _____

Speed: _____ Normal _____ Slowly _____ Very Slowly

Transfer – process of moving between positions (to/from bed, chair, and standing)

_____ No help needed _____ Needs Total Assistance
_____ Some Explain: _____

Eating – process of taking food into the body

_____ No help needed _____ Needs Total Assistance
_____ Some Explain: _____

Diet – foods one can eat, as prescribed by physician

_____ Regular _____ Regular, no salt on table _____ Other (specify): _____

Dietary limitations: _____

Personal Hygiene/Grooming – washing face, combing hair, shaving, brushing teeth, nail care, makeup

_____ No help needed _____ Needs Total Assistance

_____ Some Explain: _____

Bathing – (tub bath or shower) getting in and out of tub/shower, supervision during bathing

_____ No help needed _____ Needs Total Assistance

_____ Some Explain: _____

Dressing – gets clothes from closets and drawers; puts on clothes, socks and shoes, manages fasteners

_____ No help needed _____ Needs Total Assistance

_____ Some Explain: _____

Toileting – going to and from toilet for bowel and urine elimination, cleansing self and adjusting clothes

_____ No help needed _____ Needs Total Assistance

_____ Some Explain: _____

Continence – ability to control urination and bowel movement

_____ Continent _____ Incontinent, Needs Total Assistance

_____ Occasionally Incontinent, Explain: _____

Medication – ability to administer medication as they are prescribed

_____ No help needed _____ Needs Total Assistance
_____ Some Explain: _____

Personal Laundry – ability to wash and dry clothes (using a washer and dryer machine)

_____ No help needed _____ Needs Total Assistance
_____ Some Explain: _____

Visual Impairment

_____ None _____ Wears glasses or contacts
_____ Some visual impairment; Explain: _____
Any past or planned eye surgery(s): _____

Hearing Impairment

_____ None _____ Wears hearing devices
_____ Some hearing impairment; Explain: _____
_____ Episodes of ringing in the ears, vertigo (dizziness)
Explain: _____

Speech Impairment

_____ None
_____ Some speech impairment; Explain: _____

Fatigue

_____ Able to get around without signs of tiredness or weakness
_____ Often experiences tiredness and / or weakness
_____ Requires oxygen while ambulating about or during normal daily activities

Sleeping Patterns

_____ Sleeps 6 – 8 hours nightly
_____ Some interrupted nighttime patterns; Explain: _____
_____ Requires medication to insure restful night
_____ Takes a daily nap Usual bedtime: _____ Morning wake up time: _____

Orientated to Time – knows time of day and night; knows day, month and year

_____ Always _____ Never
_____ Sometimes; Explain: _____

Oriented to Place – knows location where he/she is at all times; knows familiar places

_____ Always _____ Never
_____ Sometimes; Explain: _____

Oriented to Person- knows own name and the name of familiar person

_____ Always _____ Never
_____ Sometimes; Explain: _____

Forgetfulness – inability to recall recent and past information

_____ Always _____ Never
_____ Sometimes; Explain: _____

Wandering – does the applicant (or has ever) wander outside and forgets where to go or how to get home

_____ No _____ Yes; Explain: _____

Is there any other useful information which would assist the Home in determining the applicant’s suitability for admission?

Signature of Applicant or applicant’s representative: _____ Date: _____

Return to: The British Home, 647 Manzanita Ave., Sierra Madre, CA 91024