

ADL ASSESSMENT

Name:		PARIS ID:
DOB:	Age:	PHN:
Gender:		Phone:
Home Address:		

Assessment Start Date:

Assessment End Date:

Carried Out By:

Details

ADL / Personal Care Issues History:

Issues Identified By:

ADL - Personal Care

Activity	Amount of Assistance - current	Type of Assistance Required including Equipment
Eating Including eating and drinking, managing food and utensils		
Grooming / Hygiene Including foot care, nail care, mouth care, menstrual or pericare, hair care, shaving & make-up application		
Dressing Including upper & lower clothing, prostheses, adaptations		
Toileting Including methods used day & night, needs & impact on sleep, protective pads needed		
Bathing Including methods used and preferred		
Other (specify):		
Other (specify):		

ADL ASSESSMENT

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Cognitive Components

Attention

Memory

Initiation

Sequencing

Mental Flexibility / Problem Solving

Insight / Judgment

Others (specify):

Perceptual Components

Visual Acuity

Scanning / Searching / Locating

Spatial Relations

Body Awareness

Others (specify):

Environmental Components

Physical Layout

Aids / Equipment

Flooring / Lighting

Others (specify):

Summary and Recommendations

Client's Impression of Own Performance:

Analysis & Recommendations:

ADL ASSESSMENT

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Needs

Need	Post to C/P	Processed	Comments
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Casenotes

Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.

----- End of Report -----