

ADULT DAY PROGRAM ASSESSMENT REPORT

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

Assessment Start Date:

Assessment End Date:

Carried Out By:

Summary Info

Adult Day Program Agency:

Service start prior to intake:

☐

Is primary reason for ADP to provide respite?

☐

Yes

☐

No

Authorized Start/Change Date:

Authorized No. Days per Month:

Other Comments:

Care Levels

| Care Level | Start Date | End Date | Recorded By | Date Recorded | Team Name |
|------------|------------|----------|-------------|---------------|-----------|
|------------|------------|----------|-------------|---------------|-----------|

Current Location

Date Recorded:

Location Type:

Location:

City:

Province:

Postal Code:

Comments:

Medications

Please see Medication Section in PARIS or Medication/Treatment Orders-Recommendation report for further details. (eg. medications in home?, Confirmed (written order received?))

| Medication | Route | Dose | Frequency | Start Date | End Date | Comments |
|------------|-------|------|-----------|------------|----------|----------|
|------------|-------|------|-----------|------------|----------|----------|

Information to be Faxed to Facility

☐ MDS

☐ Other - If Other, Specify:

Casenotes

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

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