

ASSISTED LIVING CLIENT NEEDS SUMMARY

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

Assessment Start Date:

Assessment End Date:

Carried Out By:

Client Needs Summary

Note: "Cueing" = do not need to stay with client

"Assist" = need to stay with client

1. Activities of Daily Living

	Frequency	Avg mins	Total min/wk	Comments
Cueing for Washing/bathing				
Assist with Washing / bathing				
Cueing for Dressing or				
Assist with Dressing:				
Put on / Remove Clothes				
Managing buttons/zippers, hosiery, laces, shoes, stockings				
Cueing for Grooming or				
Assist with Grooming				
Cueing for Continence Management or				
Assist with Using Toilet and/or Managing Incontinence				
Assist with Mobility:				
Standing				
Walking				
Walking up/down an incline				
Use of elevator				
Walking up/down Stairs				
Transfers - standby				
Provide Routine Care for:				
Foot Care				
Ostomy Care				
Exercise Activation				
- Cueing to attend class				

Other

Other

Other

ASSISTED LIVING CLIENT NEEDS SUMMARY

Name:

PARIS ID:

Encourage tenant to maintain socialization

For clients assessed as physically unable to complete personal laundry.

2. Medication Administration/Monitoring

	Frequency	Avg mins	Total min/wk	Comments
Assist Tenant to access meds e.g. open Containers				
Provide Medication Reminders / Med Check-Up & Follow-Up (Cueing)				
Ensure tenant is taking the right medication at the right time (Cueing)				
Manage and have control of medications and routines				

3. Other

Frequency	Avg mins	Total min/wk	Comments
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Needs

Need	Post to C/P	Processed	Comments
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Personal Assistance Guideline (PAG) Or Transfer Of Function (TOF)

Pag / ToF Type	Review Date	End Date	Responsible Staff	Discipline
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Casenotes

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

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