

VILLA SCALABRINI RETIREMENT CENTER AND SPECIAL CARE UNIT

HEALTH APPRAISAL – PRE-ADMISSION

Name of applicant

For which section of the Villa is the applicant applying? *(please check one)*

Retirement Home

Special Care Unit

DEFINITIONS:

“Independence” means without supervision, direction or active personal assistance.

“Assistance” means with supervision, direction, or personal help.

FOR EACH CATEGORY, PLEASE CHECK THE DESCRIPTION THAT BEST APPLIES TO THE APPLICANT.

AMBULATION – *how ones moved about, including physical ability (walking) and mental ability to get from one place to another place.*

- Requires no supervision or personal assistance with ambulation.
- Requires no some supervision or personal assistance with ambulation.

Please Explain:

Requires total supervision or personal assistance with ambulation

Uses assistive device(s): (please check those that apply)

Cane Tri-quad cane Crutch(es) Walker

The speed of movement (walking) could be described as:

Very slowly Slowly Normal for his/her age

TRANSFER - *process of moving between position (to/from bed, chair, standing)*

- Requires no assistance with transferring
- Requires some assistance with transferring – please explain:

- Requires total assistance with transferring

EATING – *process of taking food into the body*

- Requires no assistance with eating
- Requires some assistance with eating – please explain:

- Requires total assistance with eating

DIET- *foods one can eat, as prescribed by physician*

- Regular
- Regular, no salt on table
- Other, please specify:

Dietary Limitations:

PERSONAL HYGIENE/GROOMING- *washing face, combing hair, shaving, brushing teeth, nail care, makeup.*

- Requires no assistance with personal hygiene/grooming
- Requires some assistance with personal hygiene/grooming, please explain:

- Requires total assistance with personal hygiene/grooming

BATHING- *(tub/bath, or shower), getting in and out of tub/shower, supervision during tub bath/shower:*

- Requires no assistance in bathing
- Requires some assistance in bathing, please explain:

- Requires total assistance in bathing

DRESSING- *gets clothes from closets and drawers; puts on clothes, socks and shoes; manage fasteners:*

- Requires no assistance in getting clothes and dressing
- Requires some assistance in getting clothes and dressing, please explain:

- Requires total assistance in getting clothes and dressing

TOILETING- *going to and from toilet for bowel and urine elimination, cleansing self and adjusting clothes:*

- Requires no assistance with toileting
- Requires some assistance with toileting, please explain:

- Requires total assistance with toileting

CONTINENCE- *ability to control urination and bowel movement:*

- Continent. Controls urination and bowel movement
- Occasionally incontinent – please explain:

- Incontinent – please explain:

MEDICATION- *ability to administer medication as they are prescribed (Retirement Center Applicant Only)*

- Requires no assistance with medication
- Requires some assistance with medication, please explain:

- Requires total assistance with medication

PERSONAL LAUNDRY- *ability to wash and dry clothing (Retirement Center Applicant Only)*

- Requires no assistance with personal laundry
- Requires some assistance with personal laundry, please explain:

- Requires total assistance with personal laundry

VISUAL IMPAIRMENT

- Has no visual impairment
- Has some visual impairment, please explain:

- Wear glasses
- Is light sensitive requiring dark glasses when outdoors – please explain:

- Any past or planned eye surgery (include cataract or glaucoma) please explain indicating dates and types of surgery:

HEARING IMPAIRMENT

- Has no hearing impairment
- Has some hearing impairment, please explain:

- Requires the use of a hearing device(s)- please explain:

- Has had episodes of ringing in the ears, vertigo (dizziness) please explain.

SPEECH IMPAIRMENT

- Has no speech impairment
- Has some speech impairment, please explain:

SLEEPING PATTERNS

- Sleeps 6-8 hours nightly
- Interrupted nighttime sleeping pattern, please explain:

- Often experience nighttime wakefulness- please explain:

- Requires medication to insure restful night

- Takes a daily nap

Usual time for going to bed at night _____

Usual time for getting out in the bed in the morning _____

FATIGUE

- Is able to get about without sign of tiredness or weakness

- Often experience tiredness and weakness
- Requires oxygen while ambulating about or during normal daily activities

ORIENTATION

Oriented to time- *knows time of day and night; knows day, month, year*

- Always
- Sometimes-please explain:

- Never

Oriented to place- *knows location where she/he is at all times; knows familiar places*

- Always
- Sometimes-please explain:

- Never

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

- Always
- Sometimes-please explain:

- Never

FORGETFULNESS- *Inability to recall recent and past information*

- Always
- Sometimes-please explain:

- Never

WANDERING- *does the applicant (or has the applicant ever) wander outside and forgets where to go or how to get home* **YES NO**

If YES, please explain:

Is there any other information, which would assist the facility in determining applicants suitable for admission?

Return to: VILLA SCALABRINI, 10631 Vinedale St., Sun Valley, CA 91365 - Attn: Admissions