

Functional Status/Social History

If you or your loved one is looking to be admitted to Lakeland Health Care Center for long term care, please complete this questionnaire to help us learn about you or your family member's functional abilities, needs and social background.

Functional Status

What assistance is needed with bathing and dressing? _____

What assistance and equipment (walker, wheelchair, etc.) is needed for mobility? _____

Describe the frequency and circumstances of falls in the last 6 months: _____

What assistance and special utensils are needed for eating? _____

What assistance is needed for toileting? Are briefs or other products used? _____

Can the applicant control bladder function? _____

Can the applicant control bowel function? _____

Does the applicant have open areas or skin irritation? (please describe) _____

Describe any special diets and food allergies: _____

Describe history of significant illness and hospitalizations: _____

List all current medications including amounts and schedules: _____

Provide a list of current diagnoses: _____

Describe any drug allergies: _____

Does applicant have any allergies to pets? _____

Has applicant had a history of positive PPD/TB testing in the past? _____

Describe the applicants ability to communicate (clear speech, poor speech, sign language etc.): _____

Is hearing adequate for communication? Is a hearing aid worn? _____

Is vision adequate? Are eyeglasses worn? _____

Describe current mood: _____

Describe current behavior. (Include description of any physical/verbal aggression & all unusual behavior or angry reactions): _____

Is the applicant oriented to person (knows family, etc.)? _____

Is the applicant oriented to place (knows current location, etc.)? _____
Can the applicant remember events/information when provided? _____

Does the applicant use alcohol/other substances? _____

Does the applicant use tobacco? _____

Describe any previous history of alcohol/tobacco/other substance use and date discontinued: _____

Describe the applicant's appearance (height, weight, stature, hygiene): _____

Social History

Education completed: _____

Work history: _____

Religious affiliation and church attended: _____

Current/previous organization memberships: _____

Current/previous hobbies/interests (describe): _____

Nature of relationship with family (supportive, poor, etc): _____

Does the applicant have any history of emotional disturbance, mental illness, psychiatric care, or suicidal threats or acts (describe?) _____

Describe any significant or traumatic events that have impacted applicant's life/behavior: _____

Describe current living arrangements, or living situation prior to hospitalization: _____

Please indicate any other relevant information that will assist the facility to meet the applicant's needs following admission: _____

Place of birth: _____

Parent's names: _____

Siblings (even if deceased): _____

Children: _____

Marital history (names, dates, etc): _____

Any history of long term care services? _____

Any legal history? _____
