Level of Care Assessment

Patient information	
Patient name: John Devon	
Date of birth: March 14, 1946	
Address: 123 Elm Street, Springfield, IL	
Contact information: (555) 123-4567	
Emergency contact name: Natasha Devon	
Relationship: Daughter	
Emergency contact information: (555) 765-4321	
Vision function with correction, if needed (check one):	
☐ Full vision	☐ Difficulty at level of print
☑ Difficulty with obstacles	☐ Blind
☐ Others:	
Hearing function with correction, if needed (check one):	
☑ Full hearing	☐ Difficulty at level of communication
☐ Difficulty with alarm sounds	☐ Deaf
☐ Others:	
Communication - expressive (check all that apply):	
☑ Speech easily understood	☐ Speech difficult to understand
☐ Uses sign language	☐ Uses gestures and/or some signs
☐ Uses alternative communication device	☐ Has no functional communication
Comments:	
Communication - receptive (check all that apply):	
☑ Other’s speech easily understood	☐ Other’s speech difficult to understand
☐ Can understand sign language	☐ Can understand gestures and/or some signs
☐ Can understand others using alternative communication device	☐ Has no functional understanding of communication
Comments:	
No noted issues.	

Activities of daily living (ADLs)

Activity	Independent	Needs assistance	Completely dependent
Personal hygiene and bathing	○	◉	○
Dressing	○	◉	○
Toileting	◉	○	○
Continence	○	○	○
Mobility/transferring	◉	○	○
Feeding	◉	○	○

Notes:

Requires assistance primarily for dressing and bathing due to arthritis.

Instrumental activities of daily living (IADLs)

Activity	Independent	Needs assistance	Completely dependent
Managing finances	○	◉	○
Meal preparation	○	◉	○
Transportation (driving or using public transport)	○	○	◉
Shopping	○	◉	○
Housekeeping	○	○	◉
Medication management	○	◉	○

Notes:

Limited mobility and arthritic pain impact ability to perform household tasks independently.

Health issues/medical needs

Current medical conditions

Arthritis, hypertension, mild cognitive impairment

Medications taken

Lisinopril, Ibuprofen as needed, Calcium supplement

Specialized medical care requirements (check all that apply):	
☐ IV medications	☐ Catheter care
☐ Injections	☐ Wound care
☐ Oxygen therapy	☐ Feeding tube
☑ Physical therapy	☐ Others: N/A
Cognitive function	
Mental status	
☑ Alert and oriented x4 (person, place, time, situation)	☐ Mild confusion
☐ Moderate confusion	☐ Severe confusion
Decision-making ability	
☑ Independent	☐ Needs support with complex decisions
☐ Needs support with basic decisions	☐ Unable to make decisions
Memory	
Recent memory:	
☐ Intact	☑ Mild impairment
☐ Moderate impairment	☐ Severe impairment
Long-term memory:	
☑ Intact	☐ Mild impairment
☐ Moderate impairment	☐ Severe impairment
Behavioral and emotional assessment	
Check all that apply:	
☐ Wandering	☐ Getting lost in familiar places
☐ Unsafe cooking/leaving stove on	☐ Unsafe medication management
☑ Falls risk	☐ Resistance to care
☑ Social withdrawal	
Notes on emotional well-being	
Occasional feelings of isolation; enjoys social interaction but often avoids outings due to physical limitations.	

Support system

Who assists the patient with their care? (check all that apply):

☑ Family members	☐ Friends
☐ Professional caregivers	☐ None

Assessment summary

Level of care recommendation

☐ Independent living	☑ Assisted living
☐ Skilled nursing care	☐ Other:

Recommended services/interventions

Daily assistance with ADLs, physical therapy for mobility support, social interaction opportunities, medication management.

Additional notes

Patient would benefit from a community setting with structured support and social activities to improve quality of life.

Assessor's name: Dr. Emily Carter

Title/position: Senior Care Coordinator

Date of assessment: November 11, 2024

Signature: **Dr. Emily Carter**