

Patient Needs Assessment
Template 1
(page 1 of 3)

Request Date:	New Setup:Yes () No ()	Revised:Yes () No ()
Patient Name	Last Name:	
	First Name:	
Social Security Number	SS#:	
Date of Birth	DOB:	
Patient's Address	Apt:	
	Street:	
	City:	
	State:	
	Zip Code:	
Patient Telephone # + Area Code	Phone #: ()	
Secondary Telephone # (if second line installed for telehealth device use)	Device Phone # ()	
Caregiver Name	Last Name:	
	First Name:	
Nurse Case Manager Name	Last Name:	
	First Name:	
	Phone #:	
	E-mail Address:	
Primary Care Provider Name	Last Name:	
	First Name:	
	Phone #:	
	E-mail Address:	
VA Facility	Facility Name:	
	State:	
	VA Station	
Consent Form completed	YES ()	
Photo Consent Form completed	YES ()	
Entry Date (mo-dy-yr)		
Termination Date (mo-dy-yr)		
Reason for Termination		
Inclusion Criteria:		
Intact Cognitive Function	YES () NO ()	
Intact ADLs	YES () NO ()	
Supportive Other	YES () NO ()	
Eyesight: Large Font Required ?	YES () NO ()	
Diagnosis:		
CHF	YES () NO ()	
COPD	YES () NO ()	
DM	YES () NO ()	

Other Diagnosis/Diagnoses	YES () NO () If yes, identify:
Patient Profile	Brief Med. History:
Education Module-Selected topics	
CHF	YES () NO ()
COPD	YES () NO ()
DM	YES () NO ()
INTERVENTION GROUP SPECIFIC DATA	
	Required Sensors
Temperature	YES () NO () High Limit: Low Limit: Frequency: QD BID Other
Blood Pressure	YES () NO () High limit: Low Limit: Frequency: QD BID TID QID
Pulse	YES () NO () High limit: Low Limit: Frequency: QD BID
ECG (Single Lead)	YES () NO () High limit: Low Limit: Frequency: QD Other
Weight	YES (X) NO () High limit: Low Limit: Frequency: QD Other
F/S Glucose	YES () NO () High limit: Low Limit: Frequency: QD BID Other

Stethoscope: Heart Sounds	YES () NO () High limit: Low Limit: Frequency: QD BID Other
Stethoscope: Lung Sounds	YES () NO () High limit: Low Limit: Frequency: QD BID Other
Pulse Oximetry	YES () NO () High limit: Low Limit: Frequency: QD BID Other
Disease management education	Disease-specific:
HOME ASSESSMENT	
Telephone: Call Waiting Feature	YES () NO ()
Caller ID Feature	YES () NO ()
Telephone: DSL	YES () NO ()
3-Prong Electrical Outlet	YES () NO ()
3-Prong Outlet grounded	YES () NO ()
Outlet close proximity to device site	YES () NO ()