

Initial Assessment Template

Reason for project inclusion:

Technology: Audio/video Health Buddy

Primary Care Provider/team:

Project Diagnoses:

Other Diagnoses:

Mental Status:

Allergies:

Special Diet:

- At Risk
- Not at Risk

Current Medication Profile:

Active Outpatient Medications (including Supplies):

Issue Date

Status

Last Fill

Refills

Active Outpatient Medications

Expiration

CPRS adds active list here automatically

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OTC & Alternative Medications:

Medication Review:

Given and Taken Correctly:

Knows reordering process:

Knows side effects to report:

Knows storage and disposal procedures:

Instructions given:

Knows what to do if dose is missed: Yes No

Education:

Able to read and write:

Cultural/Spiritual needs observed:

Barriers to learning:

Demonstrated understanding by:

Living situation:

Current community/VA services:

Expectations of care r/t technology:

Patient's perceived limitations:

Caregiver's perceived limitations:

Patient's goals:

Caregiver's goals:

ADLs:

Can do:

Needs help with:

Unable to do:

IADLs:

Can do:

Needs help with:

Unable to do:

Education/literacy level:

Primary language spoken/written:

Religious/Cultural background:

Environmental/equipment safety:

Disaster Planning:

Flood

Fire

Tornado

Hurricane preparedness

Aware of evacuation route and shelter

Finances:

Total monthly income:

VA status:

Transportation Issues:

Emergency Contact:

Care Corodination Plan:

Assessment:

Goals:

Interventions:

Instructed on technology

Instructed on project purpose/phone numbers

Educational packet with disaster, safety and disease
related materials

given

Review of plan with primary provider

Frequency of televisits:

Call Telcare VISN 8 - 1-877-741-3400 for after hours and
weekend problems

Call 911 for emergencies

Monthly Note

Months enrolled:

Technology:

Living situation:

Symptom management:

Plan/Follow-up:

Quarterly Note

Months enrolled:

Technology:

Living situation:

Hospitalizations past 90 days:

Clinic/Walk-in visits past 90 days:

Medication compliance past 90 days:

Meds given and taken correctly:

Taken independently:

Knows side effects/drug actions:

Knows drug/food interactions:

Knows what to do for missed doses:

Knows reordering/storage/disposal procedures:

Symptom management:

Goals met:

Plan/follow-up: