

Daughters of Sarah Nursing Center

Lifestyle Survey

Date of Interview: _____

Place of interview: _____

Interview completed by: _____

Information obtained from: _____

Applicant's Name: _____

Prefers to be called: _____

Codes:

I = independent S = supervision T = total care

A2 = assistance of 2 A1 = assistance of 1

Height: _____

Weight: _____

A. Eating:

Tube feeding Special needs _____

Supplements Food allergies _____

Risk factors:

chokes coughs impaired swallowing

needs encouragement to complete vision

Mental impairment other _____

Fluids:

As desired restricted Needs **strong** encouragement to drink

B. Skin Care:

- Good condition
- Reddened area(s) Location _____
- Special routine Location _____
- Rash Location _____
- Wound Location _____

Risk factor:

- Dry skin Low weight Incontinent
- Limited mobility Bedridden
- Disease process: _____

C. Ambulation:

Devices used:

- none walker cane
- quad cane brace other

Risk Factors:

- Falls: has fallen in the past Date of last fall _____
- Frequency of falls: at least once a day 2 or more times a week
- 2 or more times a month
-

D. Transfers:

- Hoyer lift Other _____
-

E. Paralysis:

- Hemiplegia rt leg rt arm
- Lt leg lt arm

Risk factors:

Dizziness	<input type="checkbox"/>	confused	<input type="checkbox"/>	judgment	<input type="checkbox"/>
S/P Stroke	<input type="checkbox"/>	S/P Fracture	<input type="checkbox"/>	impaired vision	<input type="checkbox"/>
medication	<input type="checkbox"/>	other	<input type="checkbox"/>	_____	

F. Dexterity:

left handed	<input type="checkbox"/>	right handed	<input type="checkbox"/>
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G. Mental Status:

alert	<input type="checkbox"/>	oriented	<input type="checkbox"/>		
person	<input type="checkbox"/>	place	<input type="checkbox"/>	time	<input type="checkbox"/>
confused	<input type="checkbox"/>	agitated	<input type="checkbox"/>	combative	<input type="checkbox"/>
hallucinations	<input type="checkbox"/>	depressed mood/sad			<input type="checkbox"/>
wanders	<input type="checkbox"/>	other	<input type="checkbox"/>	_____	

H. Grooming:

morning care	_____	bedtime care	_____	set up only	<input type="checkbox"/>
shaving	_____	hair	_____	nail	_____
oral care	_____	cosmetics	_____		

I. Dressing:

Set up only	<input type="checkbox"/>	dressing	_____	socks/shoes	_____
chooses clothing	_____	special items	<input type="checkbox"/>	_____	

J. Bathing:

Preference:

Bathtub	<input type="checkbox"/>	in am	<input type="checkbox"/>
shower	<input type="checkbox"/>	in pm	<input type="checkbox"/>

M. Treatments

(List all treatment currently receiving)

<u>Treatment</u>	<u>Reason</u>	<u>Frequency</u>
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N. Therapies

(Indicate all therapy currently receiving)

<u>Therapy</u>	<u>Frequency</u>	<u>Provided By</u>
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P.T

O.T.

ST

O. Allergies:

NKA

Known allergies to: _____

P. Sensory:

hearing:

normal R L

impaired R L

wears hearing aide L R

refuses reads lips sign language

special device(s) used _____

can apply/remove device(s) by self

requires assistance with removal/application of device(s)

Q. Speech:

normal impaired aphasic

expressive receptive

primary language is English

speaks other language(s) in addition to English _____

language barrier _____

R. Vision:

normal impaired L_____ R_____

cataracts L_____ R_____

glaucoma

wears contacts Type _____

wears glasses Type _____

prosthesis worn Type _____

S. Oral Care:

Own teeth Yes No

Dentures upper Lower

Refuse Yes No

Partial bridge without teeth

Special mouth care can apply/remove oral devices by self

Requires assistance with application/removal or oral devices

T.

Additional information regarding care: _____

U.

Daily Routine:

(include regular routine, awakening, bedtime, sleeping patterns, daily activities, home care or health care providers, day program, ect. That will help us to enhance his/her stay at Daughters of DOS SSTC program:)

V. Hobbies/Personal interests:

Religious preference: _____

Practicing Yes No

Interested in attending services at DOS Yes No

W. Referral sources to contact for additional information:

(List referral agency (ies), contact person, duties, phone number).
