

# Adult Day Health 3 - Day Visit Assessment

Name: \_\_\_\_\_

Presenting Problem: \_\_\_\_\_

First Visit	Second Visit	Third Visit
<b>Date:</b>	<b>Date:</b>	<b>Date:</b>
<b>Exercise</b>	<b>Exercise</b>	<b>Exercise</b>
<b>A.M. Group</b>	<b>A.M. Group</b>	<b>A.M. Group</b>
<b>P.M. Group</b>	<b>P.M. Group</b>	<b>P.M. Group</b>
<b>Meal/Snack</b>	<b>Meal/Snack</b>	<b>Meal/Snack</b>
<b>Cognitive Functioning</b>	<b>Cognitive Functioning</b>	<b>Cognitive Functioning</b>
<b>Sociability</b>	<b>Sociability</b>	<b>Sociability</b>
<b>Comments from Participant</b>	<b>Comments from Participant</b>	<b>Comments from Participant</b>
<b>Team Observation</b>	<b>Team Observation</b>	<b>Team Observation</b>

Attendance Days: \_\_\_\_\_

Case Manager: \_\_\_\_\_