

New Client Admission Check List

NAME: _____ **AGE:** _____ **DATE OF BIRTH:** _____

Initial

- ____ 1. **Start date** _____
- ____ 2. Program **AM** **PM**
- ____ 3. Arrange transportation **PARA** **SHUTTLE** **PRIVATE**
- ____ 4. Name Tag

Diabetic - star **Yes** **No**

Precautions: _____

Wander Guard **Yes** **No**
- ____ 5. Complete Attendance Sheet

Fund Source: _____

Service Adult Day Care Adult Day Health

Scheduled Days M1 T2 W3 TH4 F5
- ____ 6. Make a copy of the PIF and put in PIF file folder.
- ____ 7. Make a copy of the Physician Order - stamp copy, put start date at the top and put it in blue box located in the Nursing office for either the AM or PM program.
- ____ 8. Add name to Annual Re-assessment Tracking Log.
- ____ 9. Make copy of admission check sheet/care needs for all day or evening staff, to include kitchen, case managers and program aides and distribute in their mail slot.
- ____ 10. File in the intake file cabinet in folder with name and funding source documented on it.

Mark on intake calendar.
- ____ 11. Fax client Physician Orders to Pharmacy, check all areas filled
- ____ 12. Input into DayWare and create Client Profile Sheet.

PRELIMINARY CARE PLANNING SHEET

Problem List: _____

NURSING

Meds at ADH Yes No
M.D. Fax Sent: _____ Received: _____

BP Blood Sugar Wound/Skin

Therapy Needs: _____

Previous Therapy: _____

MSW: (M.H./Cognitive Needs) _____

DIET

Puree Soft Thick Liquids
 Regular Tube Quiche
 OT Dining Diabetic

Allergies/Precautions: _____

EQUIPMENT

W/C Walker Cane

INCOTINENT Yes No

B/B Q 2 hrs Depends

ADLS

	INDEP.	SBA	HOA1	HOA2	DNLA
Ambulation	_____	_____	_____	_____	_____
Transfers	_____	_____	_____	_____	_____
Toileting	_____	_____	_____	_____	_____

SBA = STAND BY ASSIST, HOA1 = HANDS ON ASSIST 1 PERSON, HOA2 = HANDS ON ASSIST 2 PEOPLE, DNLA = DO NOT LEAVE ALONE

ADVANCED DIRECTIVES:

DNR w/MD order for ADC/ADH _____ EMS/DNR: _____

Living Will: _____

Other (include behaviors, likes/dislikes, etc.): _____

Staff Assigned: _____