

## Adult Day Health Care

### Therapeutic Recreation Full Assessment

Registrant Name [REDACTED] Admission Date: [REDACTED]  
DOB: [REDACTED] Preferred Name: [REDACTED] Veteran/Branch: N/A

Days of Attendance M X T X W X Th X F X S    Su   

Activity Involvement: Independent    Encouragement X Assistance    Groups X

Activities of Interest (Check all that apply)

<u>X</u> Arts/Crafts	<u>X</u> Music/Entertainment	<u>X</u> Sensory
<u>  </u> Cooking/Baking	<u>  </u> Outdoor Activities	<u>  </u> Social Events
<u>X</u> Exercise/Sports	<u>X</u> Outings	<u>X</u> TV/Video Programs
<u>X</u> Games Bingo/Cards	<u>  </u> Reading/Writing	<u>  </u> Cognitive Games
<u>  </u> Gardening	<u>  </u> Religious Programs	<u>  </u> Volunteer Work

Other: Painting, Adult coloring

Registrant Benefits from: Reminders X Verbal Cues X Visual Cues    Hand over Hand   

Marital Status/Children N/A

Former Occupation Disabled

Education Level   

Diagnosis: COPD, Intellectual Disability, Schizophrenia, Hx Esophageal Cancer

Allergies   

Vision: Fair Hearing: Fair Mobility: Fair

Communication: Fair Fine Motor: Fair

Orientation: Alert/Oriented x3

Diet: Regular Consistency Thin

Smoker: Yes X No   

Other Needs: Supervision with meals - need cut up food.

#### Plan Overview:

Andrea will attend program 5 days a week. He is A/O x3, able to make his leisure needs known. He needs some encouragement to participate in activities of his interest. Andrea needs daily reminder and verbal cues to stay on task. Staff will continue to keep him informed of daily activities and independent leisure materials of choice will be offered daily. Will encourage to attend groups to increase socialization.

Completed by: Jenna Campbell Title: DTR/REC Date: 6-09-2021