

ADULT DAY HEALTH CARE CENTER
Summary of Registrant Status and Services Requested/Provided

Registrant's Name: _____ Clinical Rec. #: _____

Reason for continued stay in program

Registrant Care Conference held on _____
 The following problems, concerns and/or needs were identified by the Registrant and team:

Case Coordination of Services	Congregate Setting	Health Care Monitoring	Maintenance Rehabilitation.	Nurse Management	Personal Care Services	Maintain Wellness/Delay Deterioration	Reduced Psychosocial Functioning	Reduced Cognitive Functioning	Respite for Informal Support	Restoration Rehabilitation	Socialization	Other: _____
Activities of Daily Living (ADL)												
Attendance												
Behavior Problems												
Bowel/Bladder Issues												
Cognitive Loss/Dementia												
Communication												
Contractures												
Decubti												
Dehydration/Fluid Maint.												
Delirium												
Dental/Oral Health Care												
Entitlement												
Feeding Tubes												
Incident/Accident												
Instrumental ADL's (IADL)												
Leisure Time Utilization												
Living Arrangement												
Medication												
Memory Loss												
Mood State												
Nutr. Status/Alteration in												
Physiological problem												
Psycho/Social Well Being												
Psychotropic Drug Use												
Rehab Potential												
Sensory Impairments												
Ulcers												
Other: _____												

Long Term Goal: _____

Potential to remain in community: Good Fair Poor
 Copy of this summary Sent Given to Registrant Designated Representative
 Summary Reviewed/Translated with Registrant Designated Representative

Signature of Social Worker/Designee: _____ Date: _____