***Seneca Hill Manor Adult Day Health Services***

***Person Centered Plan of Care Assessment Tool***

***Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_***

1. Diagnosis Concerns: With what aspect of your health do you have concerns with?

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1. Do you feel you understand your current diagnosis’?
2. How do you feel about your mental health/emotional feelings?

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1. Do you feel you’re getting enough exercise?

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1. How’s your appetite? How do you feel about your nutrition? Do you have access to food?

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1. Are you interested in employment or volunteering in the community?

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1. Are you interested in any clubs or organizations around here?

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1. Are there any topics of interest you would like to further explore? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Are you satisfied with your current living arrangements?

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1. What is important to you?

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1. What is something you would like to accomplish?

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1. How do you think we can reach this goal? In what time frame would you like to obtain this goal?

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Conducted by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_