



**CLIENT:**  
ASSESSMENT AND PLAN OF CARE

Completed by		Created	
		Last Update	

**MEDICAL**

Assessment	Goals	Plan (what, who, freq, equipt, duration)
(Provided by Client or Medical Records – MSC)	(Provided by Client)	

NOTES/ACTIONS	Chief Complaint:
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**FUNCTIONING**

Assessment	Goals	Plan
<ol style="list-style-type: none"> <li>1. Basic Activities of Daily Living</li> <li>2. Instrumental Activities of daily living</li> <li>3. Activity/ Exercise Status</li> <li>4. Gait and Balance</li> <li>5. Fall Scale</li> </ol>	1.	1.

NOTES/ACTIONS	
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**PSYCHOLOGICAL**

Assessment	Goals	Plan
<ol style="list-style-type: none"> <li>1. Mental status testing</li> <li>2. Mood/depression</li> </ol>	1.	1.

NOTES/ACTIONS	
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**SOCIAL**

Assessment	Goals	Plan
<ol style="list-style-type: none"> <li>1. Informal support needs and assets</li> <li>2. Care resource eligibility/ financial</li> </ol>	1.	1.

NOTES/ACTIONS	
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Assessment	Goals	Plan
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<b>1. Home Safety</b> <b>2. Transportation and telehealth</b>	1.	1.
NOTES/ACTIONS		
	<b>Last Date of Review</b>	<b>Plan</b>
<b>1. Prescriptions reviewed by Pharmacist</b> <b>2. Vision screening</b> <b>3. Hearing tested</b> <b>4. Medical Power of Attorney</b> <b>5. HIPAA forms (or all expected)</b> <b>6. Do Not Resuscitate Order</b> <b>7. Living Will</b>	1.	1.
NOTES/ACTIONS		

Authorized Receivers of this document	Email address
1.	1.

APPROVED BY	ROLE	DATE
1.	1.	1.

  

MSC REPRESENTATIVE	ROLE	DATE
1.	1.	1.