



CLAREMONT

Nursing & Rehabilitation Center

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FUNCTIONAL STATUS/SOCIAL HISTORY: This questionnaire will help us learn your family member's functional abilities and needs, and their social background.

Functional Status:

▶ What assistance is needed with bathing and dressing? (please describe) _____

▶ What assistance and equipment (wheelchair, etc.) is needed for mobility? _____

▶ Describe frequency and nature of falls during the past six months: _____

▶ What assistance and special utensils are needed for eating? _____

▶ What assistance is needed to toilet? Are briefs used? _____

▶ Can the applicant control bladder function? _____

▶ Can the applicant control bowel function? _____

▶ Does the applicant have open areas or skin irritation? (please describe) _____

▶ Describe special diets and food allergies: _____

▶ Describe history of significant illness and hospitalizations: _____

Functional Status: (continued)

- ▶ List all names, amount and schedules for current medications: _____

- ▶ Describe any drug allergies: _____

- ▶ Does applicant have any allergies to pets? _____

- ▶ Has applicant had a history of positive PPD/TB (tuberculosis) testing in the past? _____

- ▶ Describe how applicant communicates (clear speech, poor speech, sign language, etc.): _____

- ▶ Is hearing adequate for communication? Is a hearing aid worn? _____

- ▶ Is vision adequate? Are eyeglasses worn? (Please include doctor and date of last exam): _____

- ▶ Describe current mood: _____

- ▶ Describe current behavior. (Include description of physical/verbal aggression & all unusual behavior or angry reactions):

- ▶ Is the applicant oriented to person(knows family, etc.)? _____

- ▶ Is the applicant oriented to place(knows current location, etc.)? _____

- ▶ Can the applicant remember events/information when provided? _____

- ▶ Does the applicant use alcohol? (Include amount) _____

- ▶ Does the applicant use tobacco? (Include amount & type) _____

Functional Status: (continued)

- ▶ Describe the previous history of alcohol/tobacco use and date discontinued: _____

- ▶ Describe the applicant's appearance (height, weight, stature, hygiene): _____

Social History: (continued)

- ▶ Education completed: _____

- ▶ Work history: _____

- ▶ Religious affiliation and church attended: _____

- ▶ Current/previous organization memberships: _____

- ▶ Current/previous hobbies/interests (describe): _____

- ▶ Nature of relationship with family (supportive, poor, etc): _____

- ▶ Does the applicant have any history of emotional disturbance, mental illness, psychiatric care, or suicidal threats or acts (describe)? _____

Social History: (continued)

▶ Describe any significant or traumatic events that have impacted applicant's life/behavior: _____

▶ Describe current living arrangements or living situations, prior to hospitalization: _____

▶ Please indicate any other relevant information that is significant to the applicant or that will assist the facility to meet the applicant's needs following admission: _____

▶ Place of birth: _____

▶ Parent's names: _____

▶ Siblings (even if deceased):

Children:

