

**DATA BASE CONTINUED
ASSESSMENT DATA**

NAME _____

ASSESSMENT CATEGORIES	BASELINE ASSESSMENT		OTHER RELEVANT DATA	SIGNATURE
	✓	NO INTERVENTION		
	N.I.	NSG. INT. & DATE		
	BLANK	NOT ASSESSED		
5. MEDICAL SUPERVISION/ FOLLOW UP				
6. ELIMINATION				
7. MOBILITY				
8. NUTRITION & EATING HABITS				
9. SLEEP & REST				
10. A.D.L. ASSISTANCE				
11. EMOTIONAL SOCIAL LIFESTYLE				
12. ENVIRONMENT				
13. FINANCIAL				

ESTIMATED PROGRAM STAY
(✓ one only)

A. LESS THAN 2 WEEKS E. 6 MONTHS OR LONGER

B. 3-4 WEEKS

C. 5-14 WEEKS

D. 3-6 MONTHS

PROJECTED TREATMENT GOALS
(✓ one only)

A. FULL REHABILITATION E. NO INTERVENTION REQUIRED

B. PARTIAL REHABILITATION

C. MAINTENANCE

D. PALLIATIVE CARE

PATIENT OUTCOMES
(✓ one only)

A. FULL REHABILITATION E. DETERIORATED

B. PARTIAL REHABILITATION F. PATIENT EXPIRED

C. MAINTENANCE G. OTHER

D. PALLIATIVE CARE