



TLC Adult Family Home, Inc.

OAC Rule 3701-20-18

Initial Health Assessment

Resident's Name: _____

These components may be performed by different health professionals, consistent with the type of information required and the professionals scope of practice, as defined by applicable law. If different health professionals are used, each professional must sign the appropriate section they complete. If a physician is completing the entire assessment he/she need to only sign at the end of the form.

Health History: _____

Physical:

Height: _____ Weight: _____ BP: _____ Temp: _____ P: _____ R: _____

Lungs: _____

Heart: _____

Medical Diagnosis: _____

Psychological Diagnosis: _____

Medications (Route and Frequency): List all current medication:

_____	_____
_____	_____
_____	_____
_____	_____

Allergies:

Food Allergies:

Dietary Requirements: _____



Personal Care Services Required – Check all assistance required:

- Bathing Dressing Grooming Ambulating
 Walking Toileting Feeding Oral Hygiene

Mantoux Test Initial:

1st Step Date Given: _____ Date Read: _____ Negative: No Yes

2nd Step Date Given: _____ Date Read: _____ Negative: No Yes

A chest X'Ray will be required if the reading is positive

**Capability for
Medication Administration**

(Must be completed by a licensed physician)

To the Physician: Section 3722.011 of the Ohio Revised Code and Rule 3701-20-17 of the Administrative Code requires that residents who live in adult care facilities be evaluated for their ability to self-administer medications with or without limited assistance. Please mark all statements that apply.

- No assistance needed.
- Needs assistance to open container and is able to request assistance.
- Needs reminder when to take medication.
- Needs watching to ensure resident follows directions on the container.
- Needs staff member to take medication from locked storage and hand it to the resident.
- Needs staff member to read label and directions upon request.
- Needs staff member to remind the resident and any other individual designated by the resident when the prescribed medicine needs to be refilled.
- Is physically impaired but mentally alert and therefore:
 - Needs assistance in removing oral or topical as used in paragraph (C)(3) of rule 3701-20-17 of the Administrative Code "topical medication" means a medication other than a debriding agent used in the treatment of a skin condition or minor abrasion, and eye, nose, or ear drops excluding irrigations." (Upon resident request).
 - Needs staff member to place a dose of medicine to his or her mouth.
- Resident not capable of self-administering medication because needs more assistance than outlined above, e.g. unable to follow simple verbal instructions. Please explain:

Physician's Signature _____ Date: _____

Physician Name _____

Please print or type

Address _____