Ohio Mental Health and Addiction Services

Initial Health Assessment (Sample)
OAC 5122-33-18

Date:

Resident Name: **Age:** ☐ Male ☐ Female

Facility Name: **License No.:**

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 section they complete. If a physician is completing the entire assessment, he/she need to only sign at the end of the form. Use an additional form, or add attachments as needed.

Physical:

Height:		BP:		Lungs:		P:	
Weight:		Temp:		Heart:		R:	

Health History:

Medical Diagnosis:

Psychological Diagnosis:

List of all current Medication(s)	Frequency	List of all current Medication(s)	Frequency

Dietary Requirement(s):

Resident Name:

Allergies: **Food Allergies:** **Other:**

Type of care of service(s) requiring assistance or prompting:

☐ Walking ☐ Bathing ☐ Toileting ☐ Oral Hygiene ☐ Other
☐ Ambulating ☐ Dressing ☐ Feeding ☐ Grooming ☐ Other

Which test was given:

◯ Mantoux **1st Step Given:** Date Read:	◯ Mantoux **2nd Step Given:** Date Read:
◯ X-ray	◯ X-ray
Was the test Negative? ◯ Yes ◯ No	Was the test Negative? ◯ Yes ◯ No

Capability for Medication Administration:

To the Physician: Section Rule **5122-33-18** 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 assistance as outlined in OAC **5122-33-17** and below. Please mark all statements that apply:

☐ No assistance needed.
☐ Needs staff to read label and directions upon request.
☐ Needs assistance to open container and is able to request assistance.
☐ Needs reminders when to take medication.
☐ Needs watching to ensure resident follows directions on the container.
☐ Needs staff to take medications from locked storage and hand it to the resident.
☐ Needs staff member to remind resident and any other individual designated by the resident when prescribed medicine to be refilled.
☐ Is physically impaired but mentally alert and therefore:

- ☐ Needs assistance in removing oral or topical as used in this paragrah (C)(3) rule 3701-20-17 of the administrative code "topical medications" means a medication other than a debriding agent used in treatment of a skin condition or minor abrasion, and eye, nose, or ear drops excluding irrigations (upon resident request).
- ☐ Needs staff member to place dose of medication in a container and place container to his or her mouth if resident is physically unable to do so without spilling it.

☐ *Resident not capable of self-administrating medications because needs more assistance than outlined above, e.g. unable to follow simple verbal commands. PLEASE EXPLAIN:

Medical Facility:

Address

City State Zip Code

Physician's Name Physician's Signature: Date