

# Pine Meadows Ranch

## Current Situation of Resident's Health

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Level of Self Care (please check the appropriate answer)

Task	Independent	Needs Help	Unable
1. Bathing			
2. Dressing			
3. Feeding			
4. Use of Toilet			
5. Care of Hair			
6. Care of Teeth			
7. Getting in/out of Bed			
8. Getting in/out of Chairs			
9. Care of Fingernails / Toenails			
10. Shaving			
11. Medications			
12. Personal Orientation (General)			
13. Behavior (Responding and Acting Individually with Others)			

14. Walking:  Normal  Unsteady  Cane  Walker  Wheelchair  Crutch

15. Bowel Control:  Normal  Occasional Loss  Frequent Loss

16. Bladder Control:  Normal  Occasional Loss  Frequent Loss

17. Does Resident Require Adult Diapers:  Yes  No

18. Can Resident's Needs Be Met in a Non-Medical Facility:  Yes  No

**Resident or Representative Signature:**

X \_\_\_\_\_ Date: \_\_\_\_\_