

## Recreation Initial Assessment

Date of birth 11/14/1920      Date of admission 08/29/2002

Diagnosis COPD, NIDD

Primary contact/relationship Greg Doe / Son      Phone (604) 847-0280

Medication that could affect leisure functioning None

Advanced directives Degree 3       Do not resuscitate

Allergies KNA

### DIETARY

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Diabetic                             | <input type="checkbox"/> Regular diet              |
| <input type="checkbox"/> Choking potential                               | <input type="checkbox"/> Mechanically altered diet |
| <input checked="" type="checkbox"/> Dr. approval for alcohol consumption | <input type="checkbox"/> Tube feed                 |
| <input type="checkbox"/> Needs assistance to eat                         |  |
- Type of assistance needed: \_\_\_\_\_

Additional considerations

### SPECIAL CONSIDERATIONS / SAFETY ISSUES

- |  |  |
|--|--|
| <input type="checkbox"/> Wanders or elopes   | <input type="checkbox"/> Physically aggressive at times                      |
| <input type="checkbox"/> Eats non-food items   | <input type="checkbox"/> Severe visual impairment                            |
| <input type="checkbox"/> Takes clothes off in public   | <input type="checkbox"/> Gathers/hordes                                      |
| <input type="checkbox"/> Requires direct supervision when out of the facility due to cognitive deficit | <input checked="" type="checkbox"/> Visual impairment corrected with glasses |
| <input checked="" type="checkbox"/> Continent and requires assistance                                  |  |
| Type of assistance needed:<br><u>1-person assist to transfer</u>                                       |  |
| <input type="checkbox"/> Continuous oxygen   | <input type="checkbox"/> Hearing impairment corrected with hearing aid       |
| <input type="checkbox"/> Severe hearing impairment   | <input checked="" type="checkbox"/> Able to transfer with minimal assistance |

### PRIOR LIFE ROLES / ROUTINES

Occupation Farmer-dairy cows

Clubs/organizations None

Customary routines

Resident is an early riser. He has his breakfast at 4:00a.m. He enjoys reading the morning paper with coffee and a snack around 9:00a.m. He takes an afternoon nap every day and goes to bed by 6:30

### ADDITIONAL INFORMATION

Resident has lived alone for the past 7 years.

Initial	Signature / Credential	Date
<b>Doe</b>	<b>John                      123</b>	<b>1                      A</b>
Last	First                      Patient No.	Room No.              Bed

Facility Name Here