

Recreation Initial Assessment

PAST LEISURE PARTICIPATION PATTERNS

Select one

very active

Moderately active

Rarely participated in leisure pursuits

PRESENT LEISURE ATTITUDES AND AWARENES

Select one

Willing to set leisure goals

Refuses activity participation at this time

Unable to assess due to cognitive impairment

PERSONAL PICKS/FAVORITES

Color Green Animal Dog TV show News

Food Steak and Potatoes Music Country and Western Games Crib

Additional information Collected Milk urns, used to play poker every Monday night, program radio to CKR 95.4

PREFERRED ACTIVITY SETTINGS

Select any or all

Own room

Activity/day room

Off unit

Outside facility

PREFERS CHANGE IN DAILY ROUTINE

Select one

No change requested

Slight change requested

Major change requested

SPIRITUALITY

Affiliation Jewish Contact _____ Phone _____

Regular participation Content with own spirituality

Receives pastoral visits Does not wish to participate in religious services

Wishes to receive pastoral visits Unable to assess due to cognitive impairment

Additional considerations

No Jewish services are held at this facility. The nearest Rabbi is 45 miles away.

EMOTIONAL RESPONSE TO PLACEMENT

Expresses contentment; placement based on personal choice

Expresses contentment; accepts need for placement

Expresses sadness due to placement

Expresses anger and frustration due to placement

Unable to assess due to cognitive impairment

Additional considerations

INTRODUCTION TO RECREATION PROGRAM

Calendar/newsletter given to resident and resident's advocate

Description of recreation service with goals and objectives

Discussion of participation guidelines

Invitation to resident's council meetings

Resident's advocate willing to assist with recreation programs, outings, and/or special events

Specifically

Contact _____ Phone _____

Tour of facility specific to recreation programming

Initial	Signature / Credential	Date
Doe	John 123	1 A
Last	First Patient No.	Room No. Bed
Facility Name Here		