Date of Assessment

Client information

* Name
* Address
* Contact information
	+ Phone numbers
	+ Email
* Demographics – age, race, ethnicity
* Diagnosis
* Prognosis
* Medications
* Strengths/weaknesses
* Goals/wishes
* Where see self in future

Program/referral source

* MFP
* DBHDD
* VR
* DOL
* Private
* Other

Program/referral contact

* Name
* Address
* Contact information
	+ Phone numbers
	+ Email
* Preferred contact method
* Availability

Reason for Referral

* Community participation
* Vocational
* Live at home
* Play

Living notes

* Type of home
* Own or rent
* Condition of home – in good repair
* Number of people living in the home
* Household responsibilities
* Household maintenance and repair
* AT in use
* DME
* History of what has been tried and results
* Comfort level with technology
* Hobbies
* Animals
* Support
	+ Family
	+ Neighbors
	+ Aides
	+ Nurses
	+ Therapies
	+ VR

Environmental – outside to inside

* 360o of home, including yard or immediate outside space
* Approaches to home
* General living space
	+ Living room
	+ Study
	+ Kitchen
	+ Laundry
* Bedrooms
* Bathrooms
* Communication
	+ Telephone
	+ Computer
	+ Tablets
	+ WiFi

Medication management

Transportation

Community Life Style/Access

* Essential only
* Ability to access at will

Safety