



WESTON ADULT DAY CARE CENTER

1 Bassett Avenue
New Castle, DE 19720
WestonAdultDayCare@aol.com
(302) 328-6425 – Phone (302) 328-6422 - Fax



Physical and Emotional Status

Diagnosis: _____

Height: _____ Weight: _____ Notable weight gain or loss

Hearing: Good Poor Hearing Aid: Right Left

Vision: Good Poor Glasses: Yes No

Speech: Clear Unclear, explain _____

Ambulates: Independently Wheelchair Cane With assist

Fall history: 30 Days 60 Days 90 Days > 6 Months None

Arm Strength: **Right:** Full Partial None **Left:** Full Partial None

Hand Strength: **Right:** Full Partial None **Left:** Full Partial None

Diet/eating: Chewing Swallowing Dentures Poor intake

Elimination Continent Incontinent

Toileting: Independent Requires assistance

Decubitus ulcer Current Past Area: _____

Communication and Cognitive Abilities

Oriented To: Person Place Time

Short-Term Memory: Good Adequate Poor

Long-Term Memory: Good Adequate Poor

Makes Self Understood: Usually Sometimes Rarely

Understands Others: Usually Sometimes Rarely

Decision Making: Independent Not independent

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Behavioral and Psychosocial Status

- Attitude: Enthusiastic Uncooperative
 Willing Depressed
 Cooperative Withdrawn
 Cheerful Apathetic
 Motivated Dwells on illness or other problems

- Behavioral: Wandering Combative Verbally abusive
 Sexually inappropriate Refuses care Refuses medication
 Unexplained crying Hoards items Looks for loved ones
 Socially inappropriate No behavioral problems

Additional notes or information: _____

