

CARE Office: LMT AAA/Mason Case: Sample, Client Updated By: RuppTL On: 09/29/2003 09:50

File Action Administration Help

- Online
- Core, Non
- Five, DDD
- Sample, Client
 - Client Details
 - Overview
 - Addresses
 - Collateral Contacts
 - Caregiver Status
 - Financial
 - Employment
 - SSPS Submission
 - Pending Initial 10-01-2003
- Offline SERs

Client Demographics

Last Name: First Name: MI: DOB: SSN:

ACES ID: Gender: Marital Status: Education:

Medicare Coverage? Number: Type: Military Service:

Usual Housing Situation: Housing Status:

Speaks English: Understands English: Interpreter Required?:

Need to Translate Documents?: Primary Language:

Is the client Hispanic/Spanish/Latino?

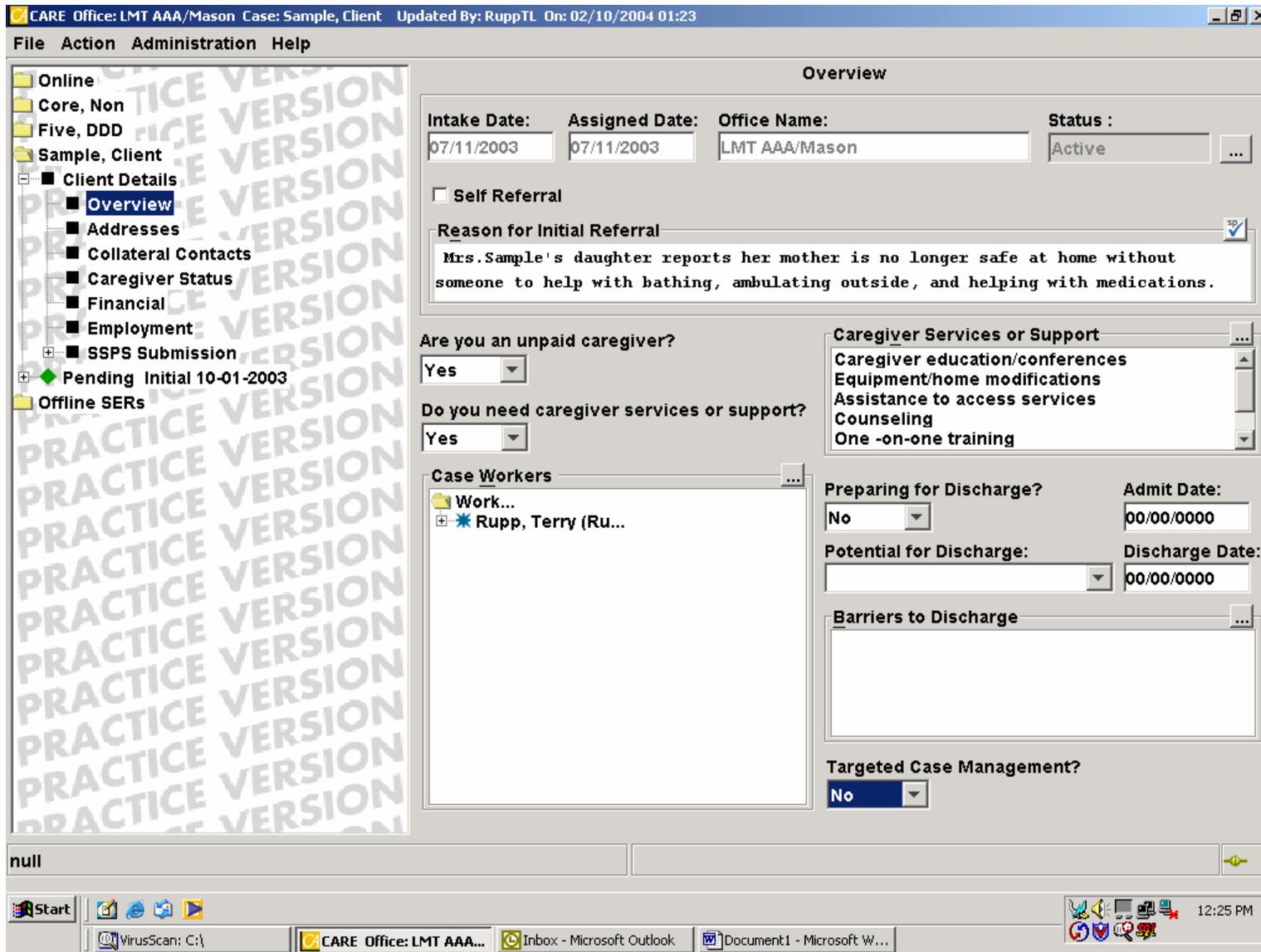
Race:

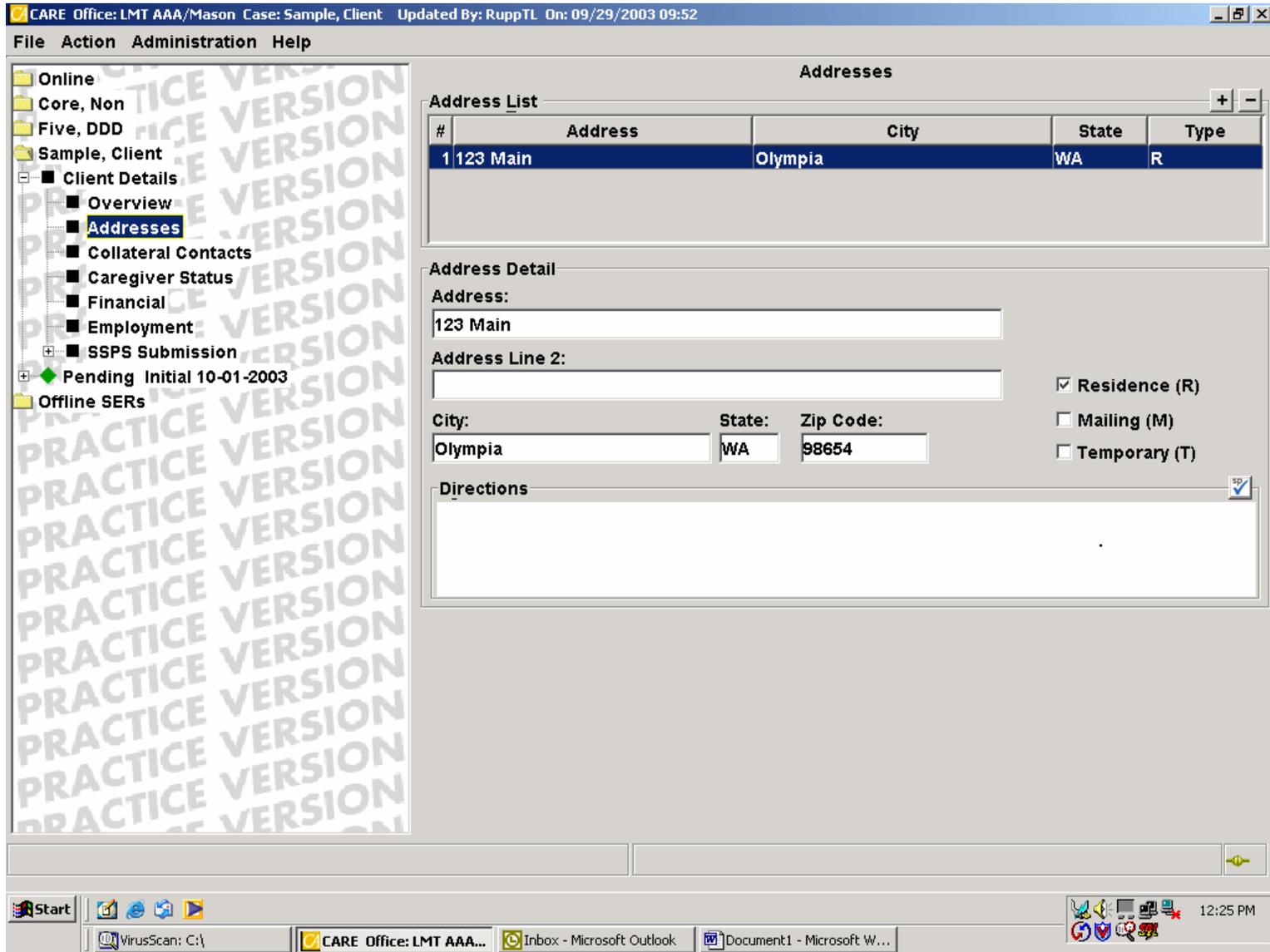
No Phone

#	Phone Number	Ext	Type
1	(555)555-5555		Home

Comments:

Client's ACES ID number:





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Collateral Contacts

Contact List + -

#	Last Name	First Name	Organization Name
1	Daughter	Helpful	

Contact Detail

Last Name: First Name: Organization Name:

Relation To Client:

Street Address: City: State: Zip Code:

Mailing Address: City: State: Zip Code:

Lives With Client

Telephone Numbers + -

#	Phone Number	Ext	Type
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Contact Roles ...

Informal caregiver
 RSN Case Manager
 Other Health Care Provider
 Physician

CARE Office: LMT AAA/Mason Case: Sample, Client Updated By: RuppTL On: 02/10/2004 01:29

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Caregiver Status

Caregiver List

#	Last Name	First Name
1	Daughter	Helpful

Caregiver Detail

Do you live with the client? If no, what is the distance you live from the client?
 (miles)

How long have you been providing care?
 Year(s)

Support Services **Stress/Barriers**

Overall how stressed do you feel in caring for the client?
 Score: 5

Are there issues/obstacles that make you at risk of not being able to continue caregiving?

Barriers to continued caregiving?

Decline in own emotional health
Doesn't have necessary training/skills
Relationship issues with client/family

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Caregiver Status

Caregiver List

#	Last Name	First Name
1	Daughter	Helpful

Caregiver Detail

Do you live with the client? If no, what is the distance you live from the client? (miles)

How long have you been providing care? Year(s)

Support Services **Stress/Barriers**

Overall how stressed do you feel in caring for the client?
 Score: 5

Are there issues/obstacles that make you at risk of not being able to continue caregiving?

Barriers to continued caregiving?

Decline in own emotional health
Doesn't have necessary training/skills
Relationship issues with client/family

Select all that apply.

Start | VirusScan: C:\ | CARE Office: LMT AAA... | Inbox - Microsoft Outlook | Document1 - Microsoft W... | 12:26 PM

CARE Office: LMT AAA/Mason Case: Sample, Client Updated By: RuppTL On: 02/10/2004 01:29

File Action Administration Help

Caregiver Status

Caregiver_List

#	Last Name	First Name
1	Daughter	Helpful

Zarit Burden Interview

Part 1 Part 2

Do you feel...

A. that because of the time you spend with the client, you don't have enough time for yourself?

B. stressed between caring for the client and trying to meet other responsibilities(work/family)?

C. angry when you are around the client?

D. that the client currently affects your relationship with family members or friends in a negative way?

E. strained when you are around the client?

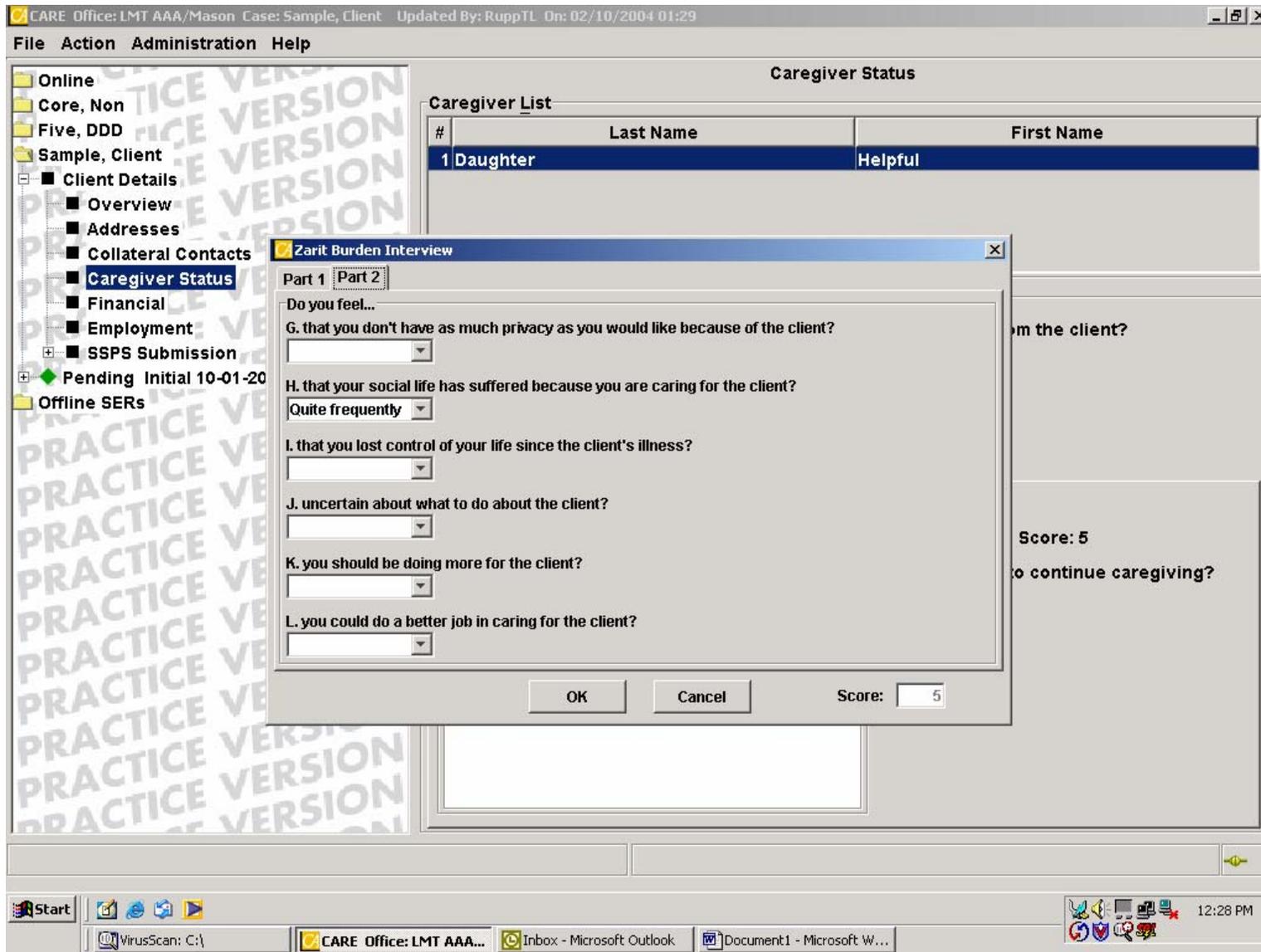
F. that your health has suffered because of your involvement with the client?

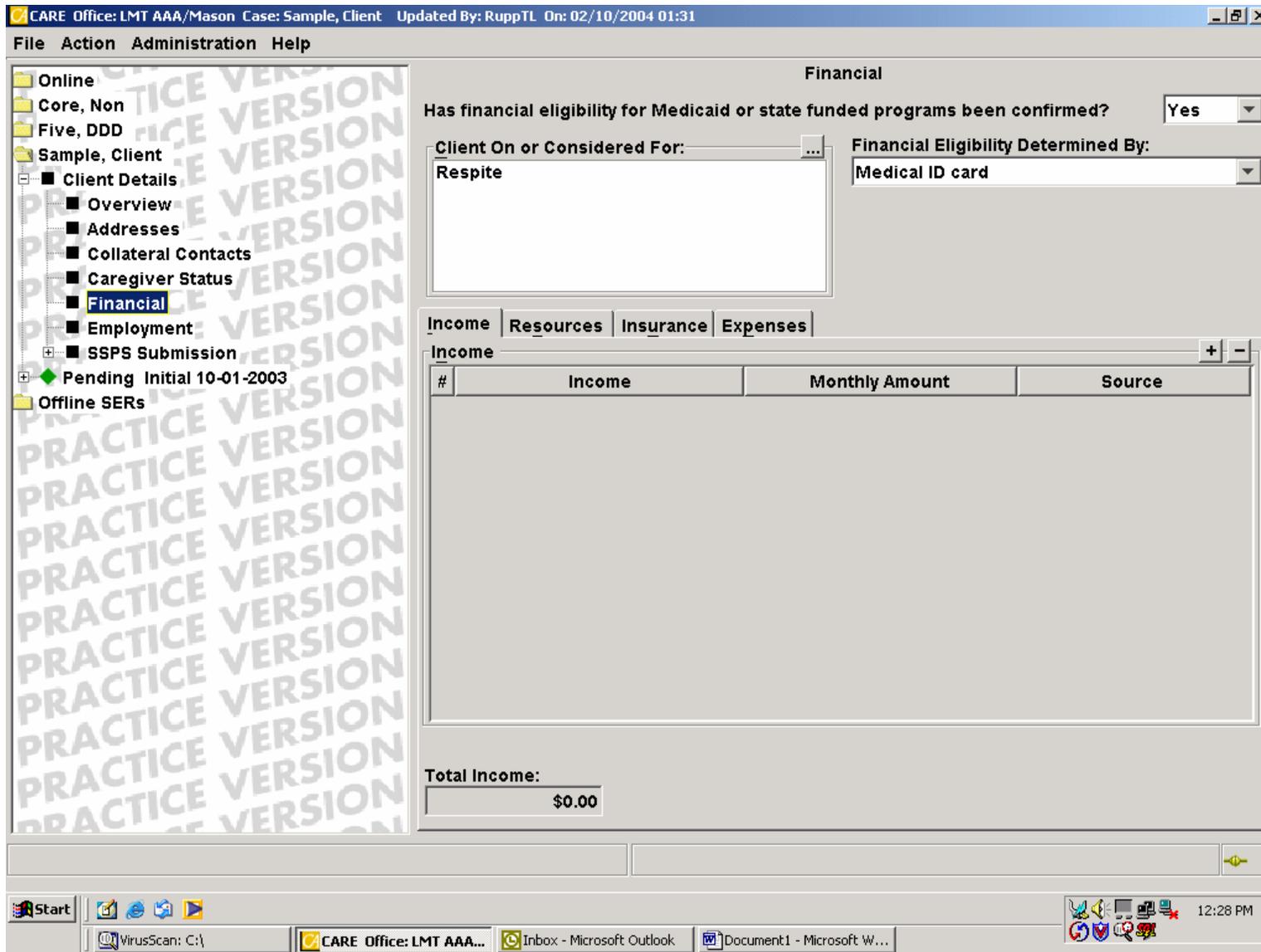
Score: 5

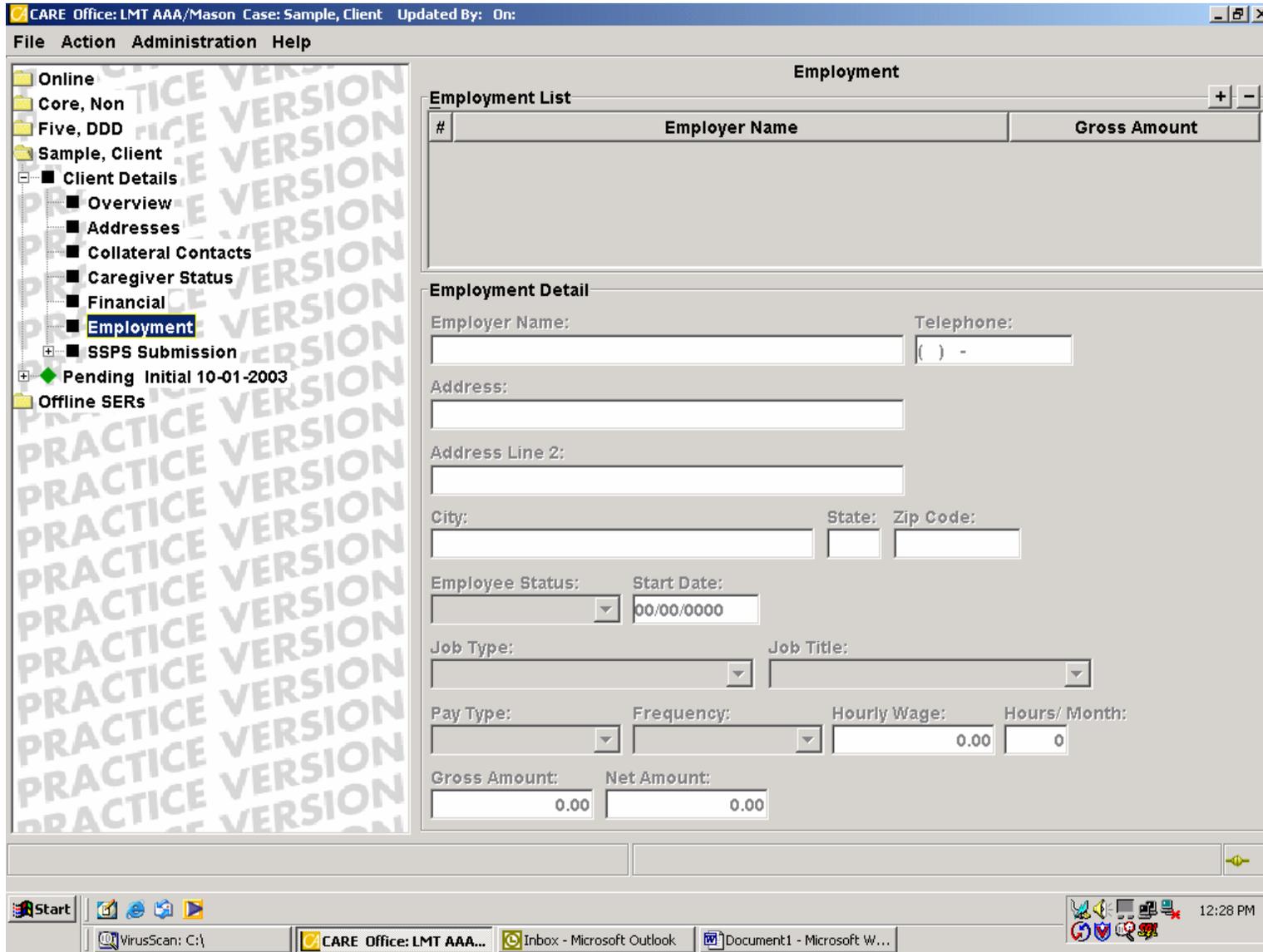
OK Cancel Score: 5

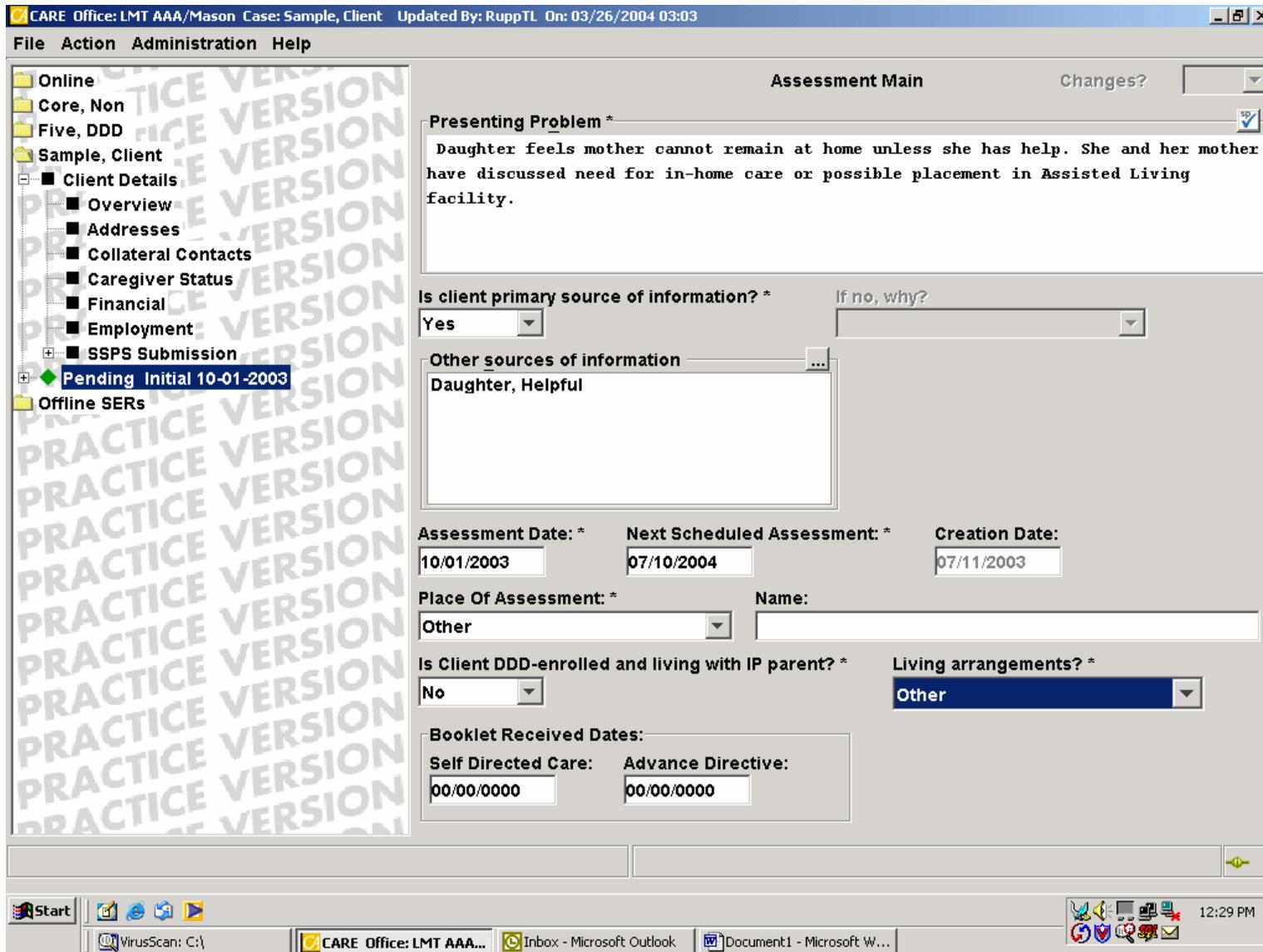
Score: 5
to continue caregiving?

Start | VirusScan: C:\ | CARE Office: LMT AAA... | Inbox - Microsoft Outlook | Document1 - Microsoft W... | 12:27 PM









CARE Office: LMT AAA/Mason Case: Sample, Client Updated By: RuppTL On: 01/15/2004 03:06

File Action Administration Help

Environment Changes?

Environment Concerns? * Yes

Physical Community Alert List *

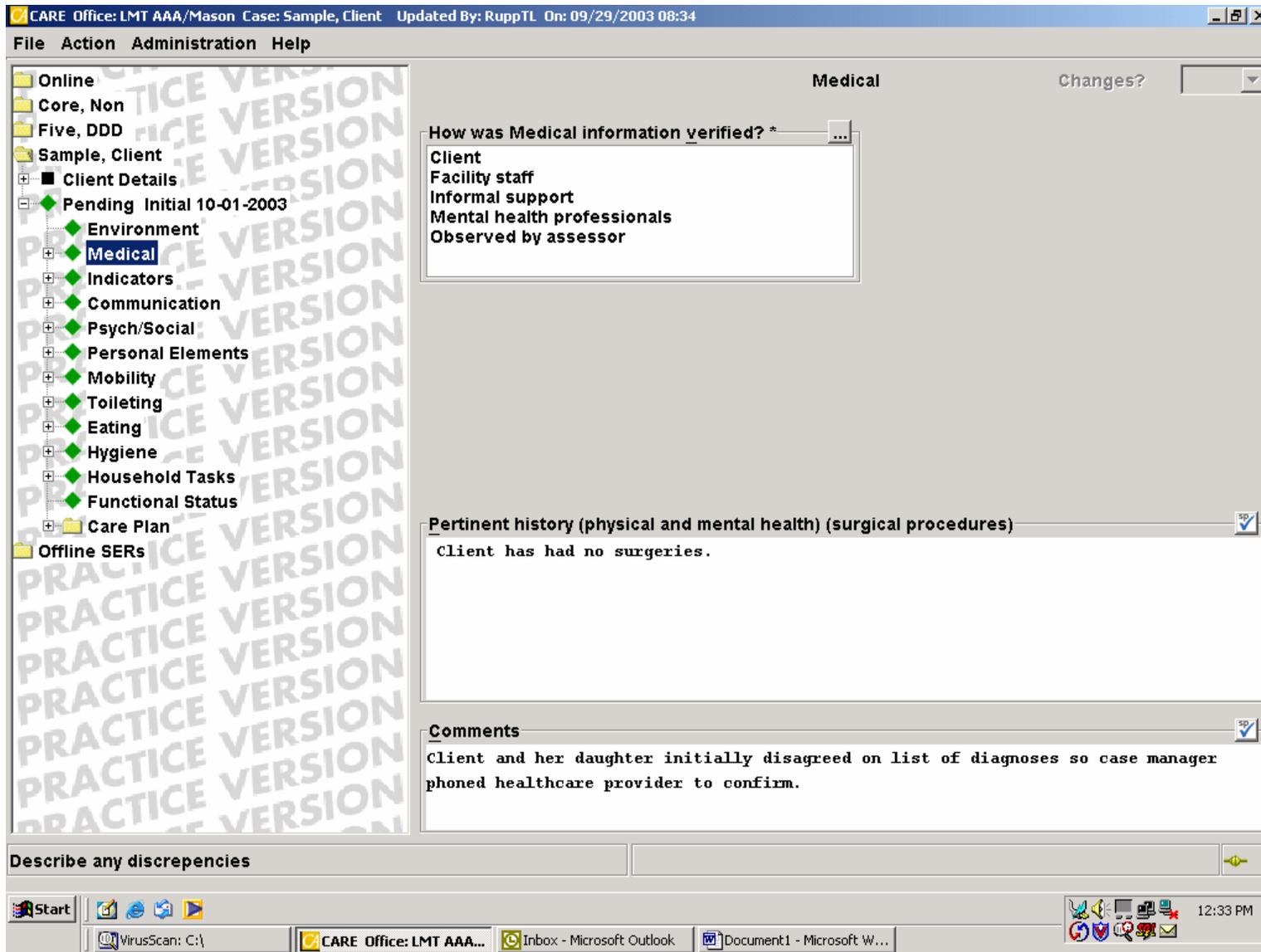
#	Concern Category	Concern
1	Condition of home	Flooring and carpeting
2	Accessibility	Barriers prevent access
3	Fire safety	No smoke detectors
4	Fire safety	Space heaters used
5	Location of home	Frequent power outages

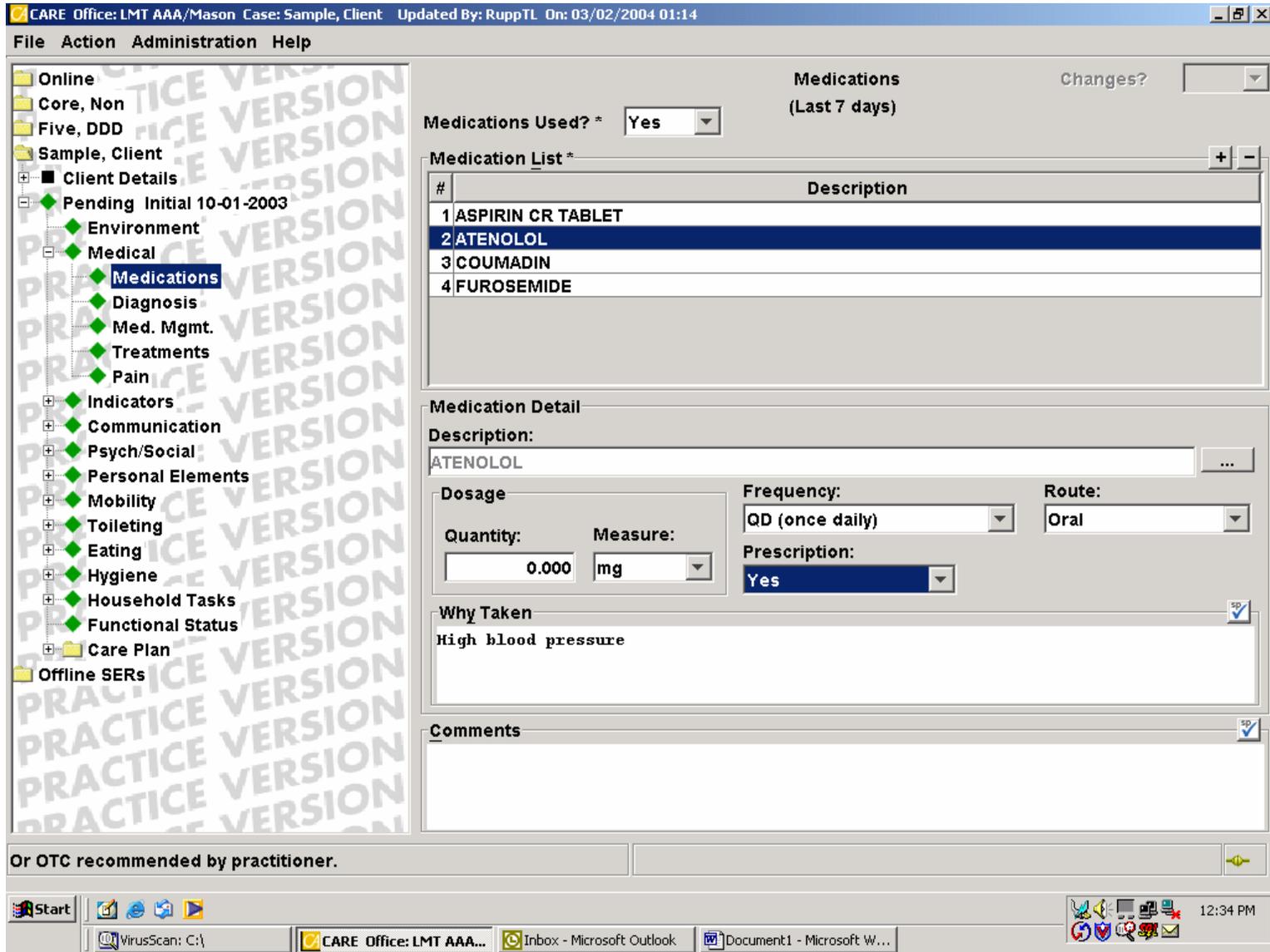
Comments

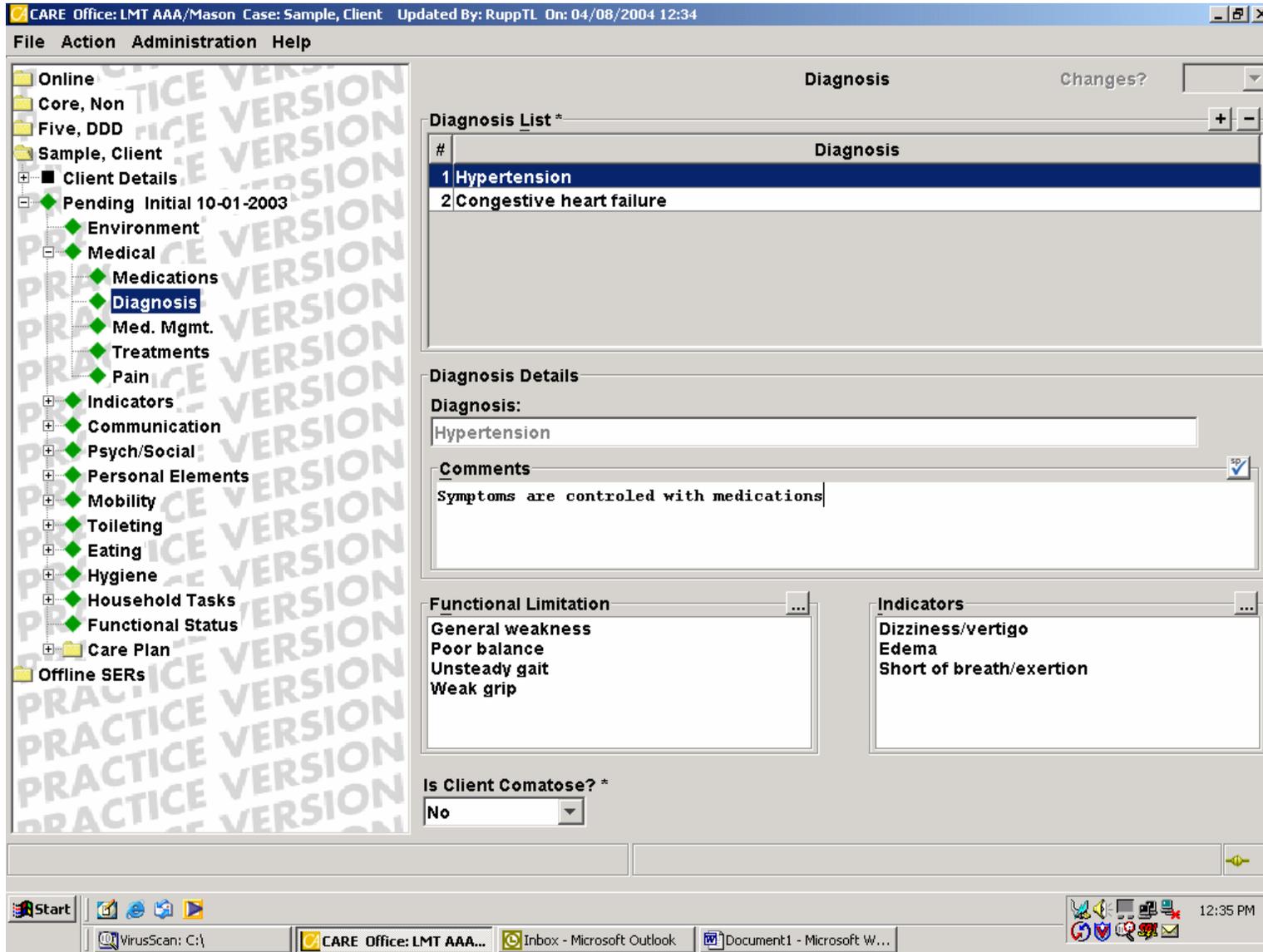
Client's daughter takes her to her home when power is out. Son in law will take care of other concerns. See Environment screen in Care Plan.

Additional information or concerns.

Start | VirusScan: C:\ | CARE Office: LMT AAA... | Inbox - Microsoft Outlook | Document1 - Microsoft W... | 12:31 PM







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File Action Administration Help

Medication Management (Last 7 days) Changes? [v]

Medications Used? * Yes [v]

Self Administration: *

Assistance required [v]

Status: *

Client declines [v]

Frequency of need: *

Daily [v]

Assistance Available: *

Strengths

Able to put medications in mouth
Single pharmacy
Able to open containers
Takes medications as prescribed

Limitations

Forgets to take medications
Unable to read labels

Preferences

Bubble pack

Caregiver Instructions

Hand medication in cup or bowl
Inform client of each medication given
Read labels to client

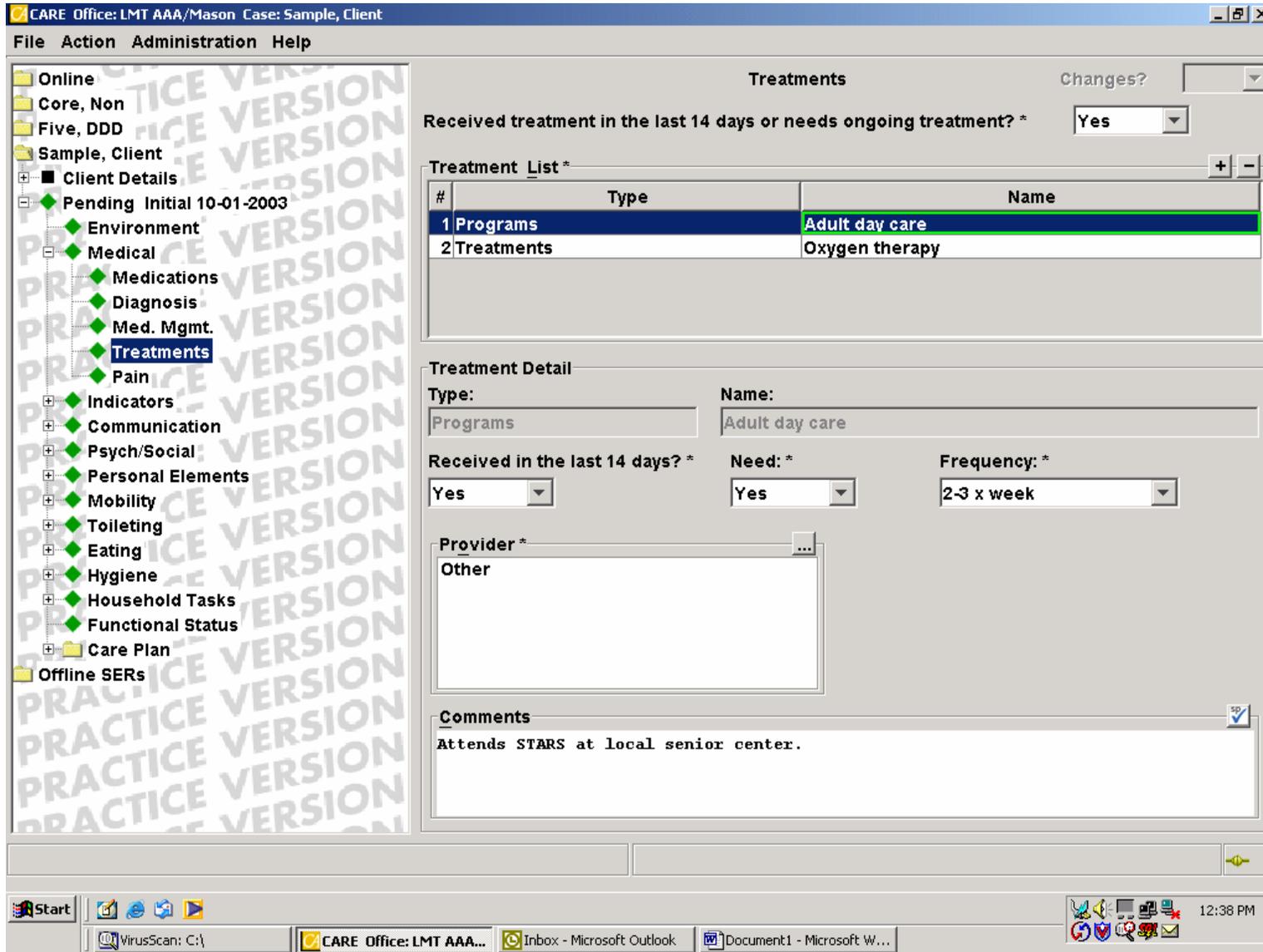
Equipment/Supplies

#	Type	Status	Supplier
1	Medi-set	Has, uses	
2	Pill crusher	Needs, wants	

Comments

Select one [v]

Start | VirusScan: C:\ | CARE Office: LMT AAA... | Inbox - Microsoft Outlook | Document1 - Microsoft W... | 12:36 PM



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File Action Administration Help

Online
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 Client Details
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 Environment
 Medical
 Medications
 Diagnosis
 Med. Mgmt.
 Treatments
Pain
 Indicators
 Communication
 Psych/Social
 Personal Elements
 Mobility
 Toileting
 Eating
 Hygiene
 Household Tasks
 Functional Status
 Care Plan
 Offline SERs

Pain (Last 7 days) Changes?

Pain Identified? * Yes

Pain List *

#	Pain Site	Score
1	Overall	9
2	Headache	3

Frequency with which client complains or shows evidence of pain: *
 Pain less than daily

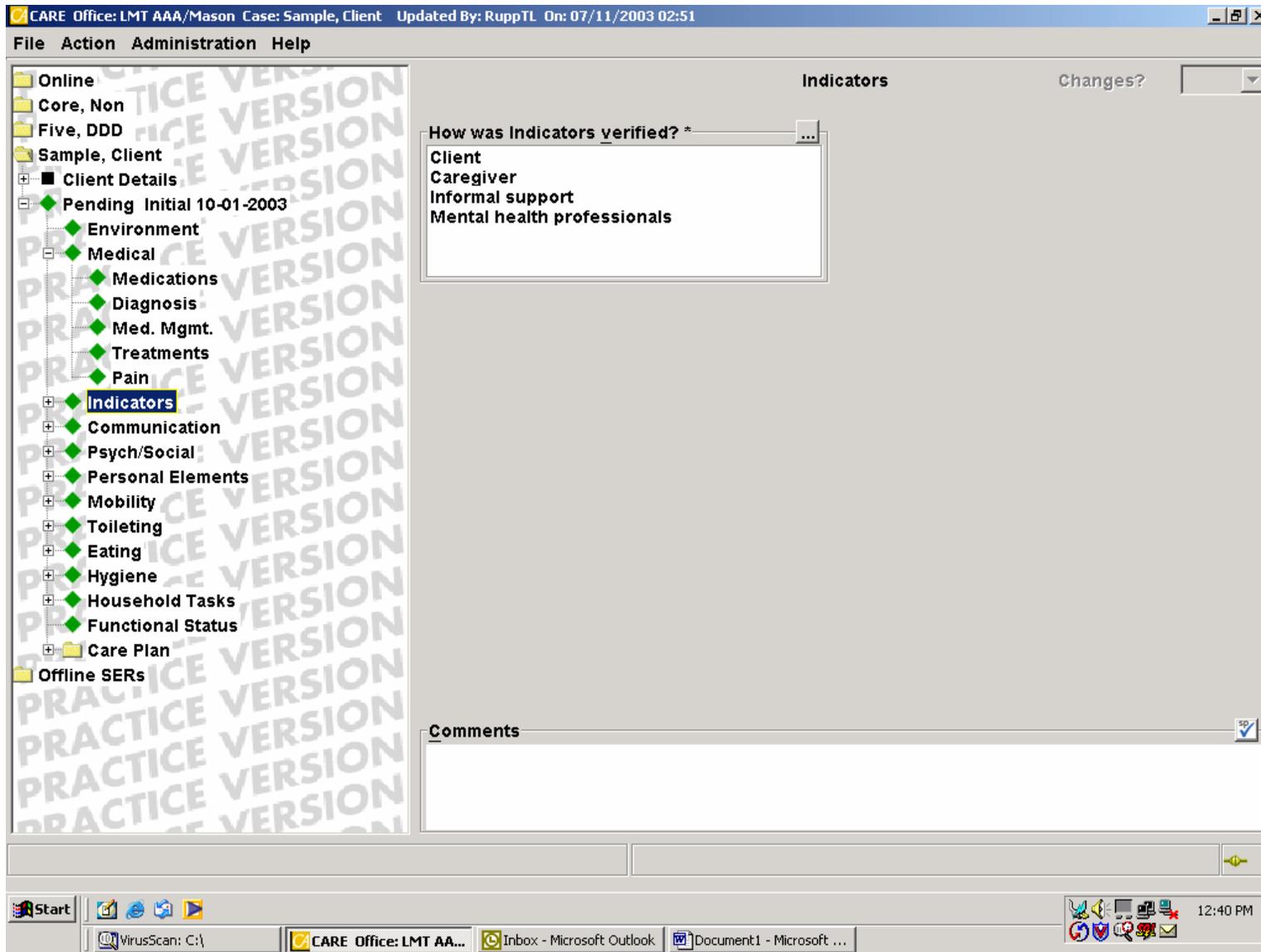
Pain Management: *
 No pain treatment

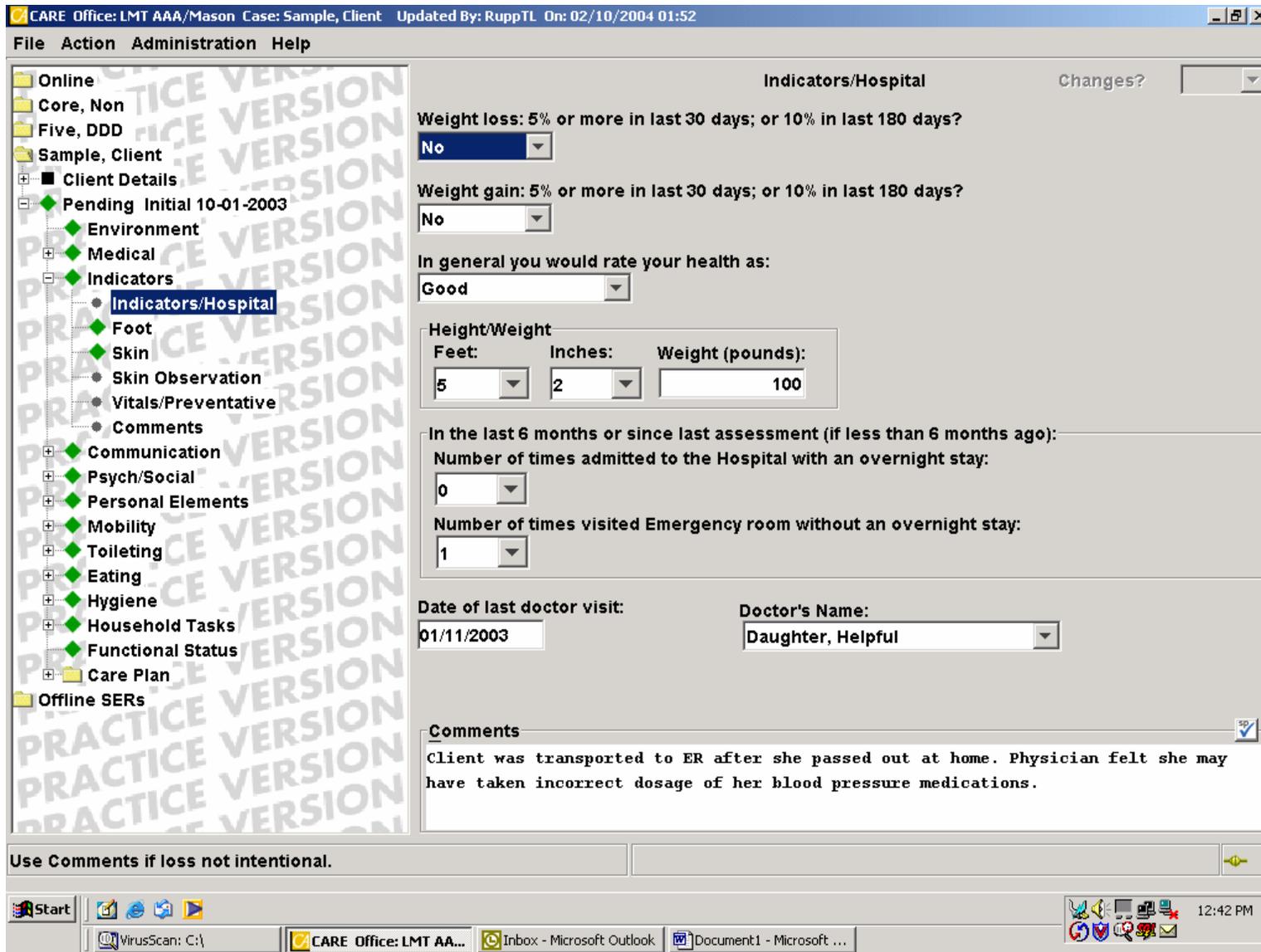
Impact
 Activity limited
 Fatigue
 Isolation
 Sleep loss

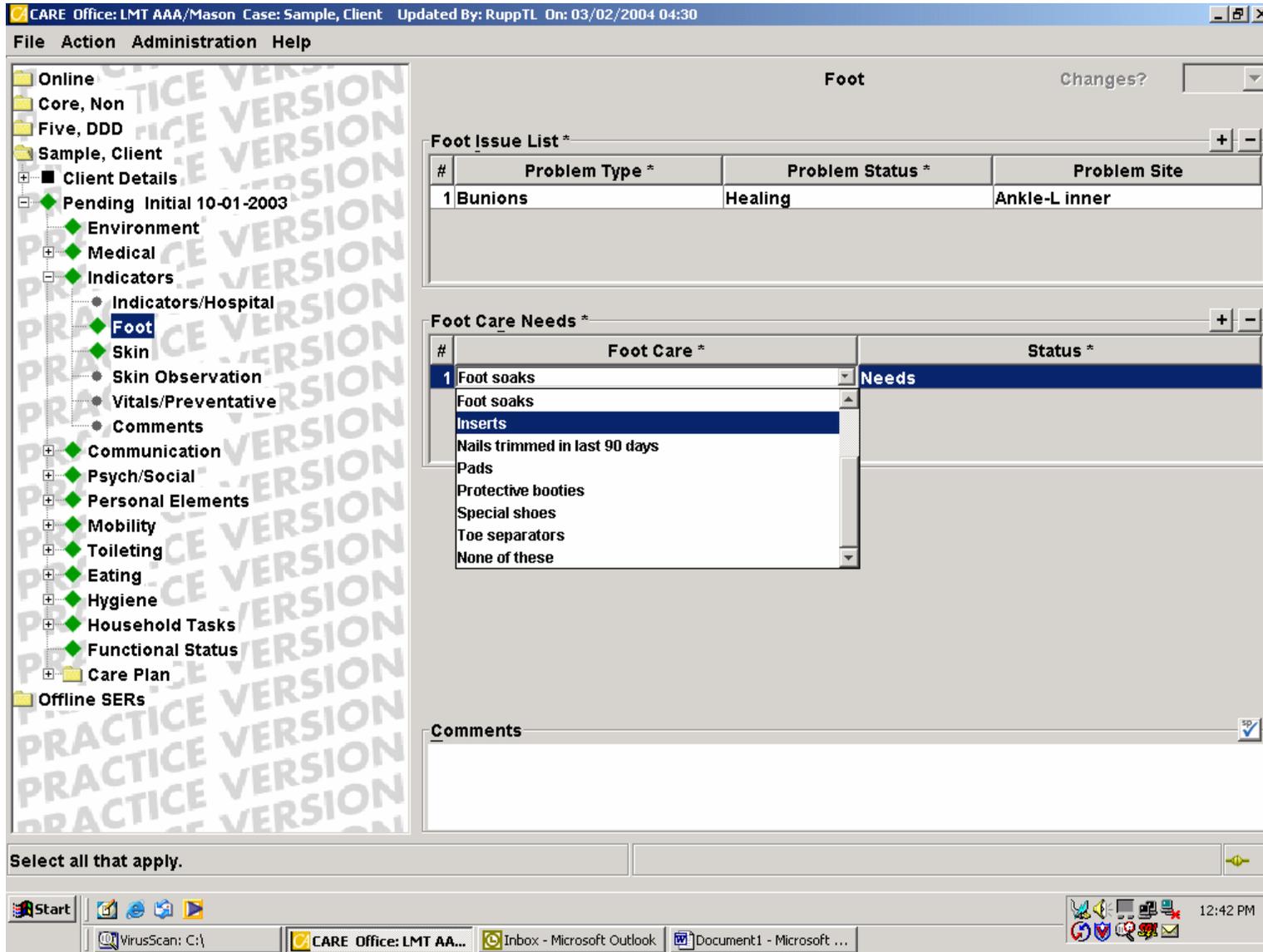
Comments
 Client does not want to take any medications for pain and has discussed this with her doctor.

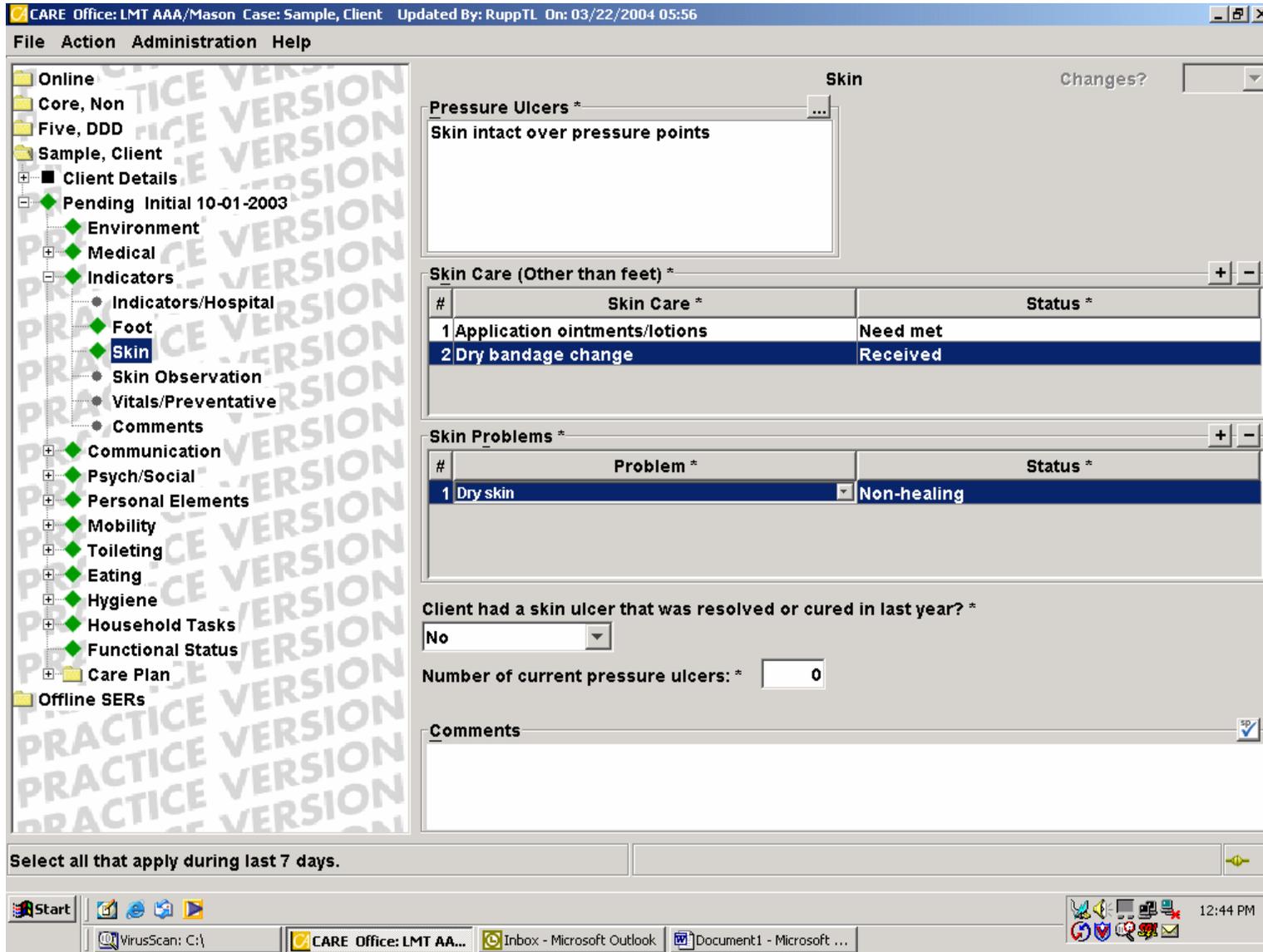
Describe any discrepancies

Start
 VirusScan: C:\
 CARE Office: LMT AA...
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 Document1 - Microsoft ...
 12:40 PM









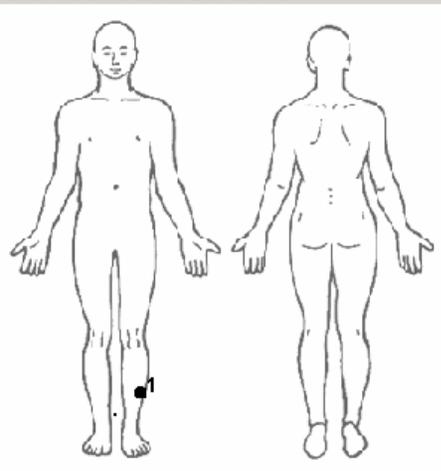
CARE Office: LMT AAA/Mason Case: Sample, Client Updated By: On:

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 - Medical
 - Indicators
 - Indicators/Hospital
 - Foot
 - Skin
 - Skin Observation**
 - Vitals/Preventative
 - Comments
 - Communication
 - Psych/Social
 - Personal Elements
 - Mobility
 - Toileting
 - Eating
 - Hygiene
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Skin Observation

Skin Observation Locations



Skin Observation List

#	Short Description
1	Dry skin

Skin Observation Detail

Client has dry skin on lower extremities.

Comments

Describe skin problem here.

Start

12:45 PM

VirusScan: C:\

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Inbox - Microsoft Outlook

Document1 - Microsoft ...

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File Action Administration Help

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 - Environment
 - Medical
 - Indicators
 - Indicators/Hospital
 - Foot
 - Skin
 - Skin Observation
 - Vitals/Preventative**
 - Comments
 - Communication
 - Psych/Social
 - Personal Elements
 - Mobility
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 - Eating
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Vitals/Preventative

Preventative Care + -

#	Preventative Care	Date
1	Bone density testing	03/03/2003
2	Pap smear	04/01/2004

Temperature

Oral: Axillary:

Blood Sugar

Low: High:

Pulses

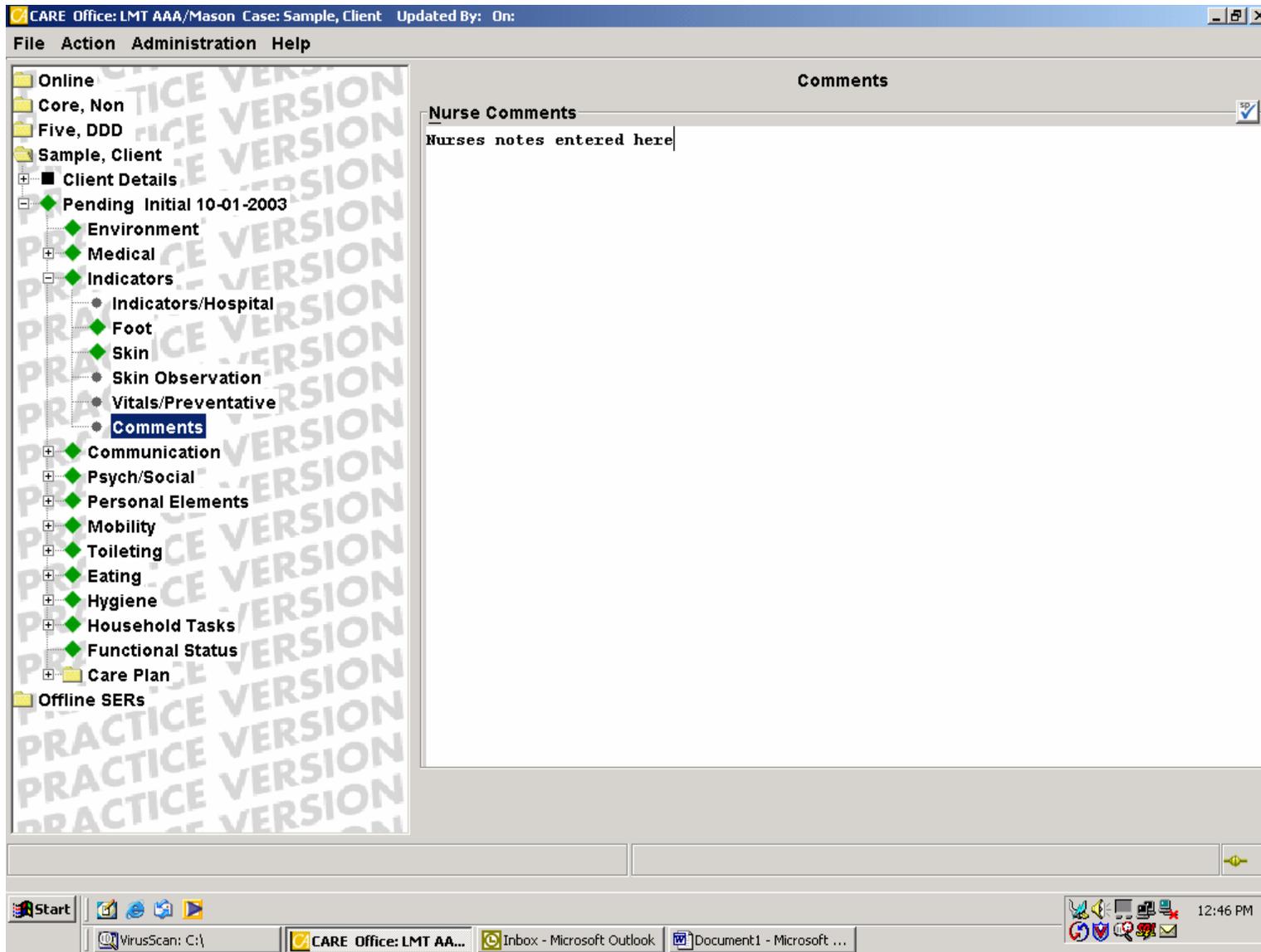
Apical: Radial:

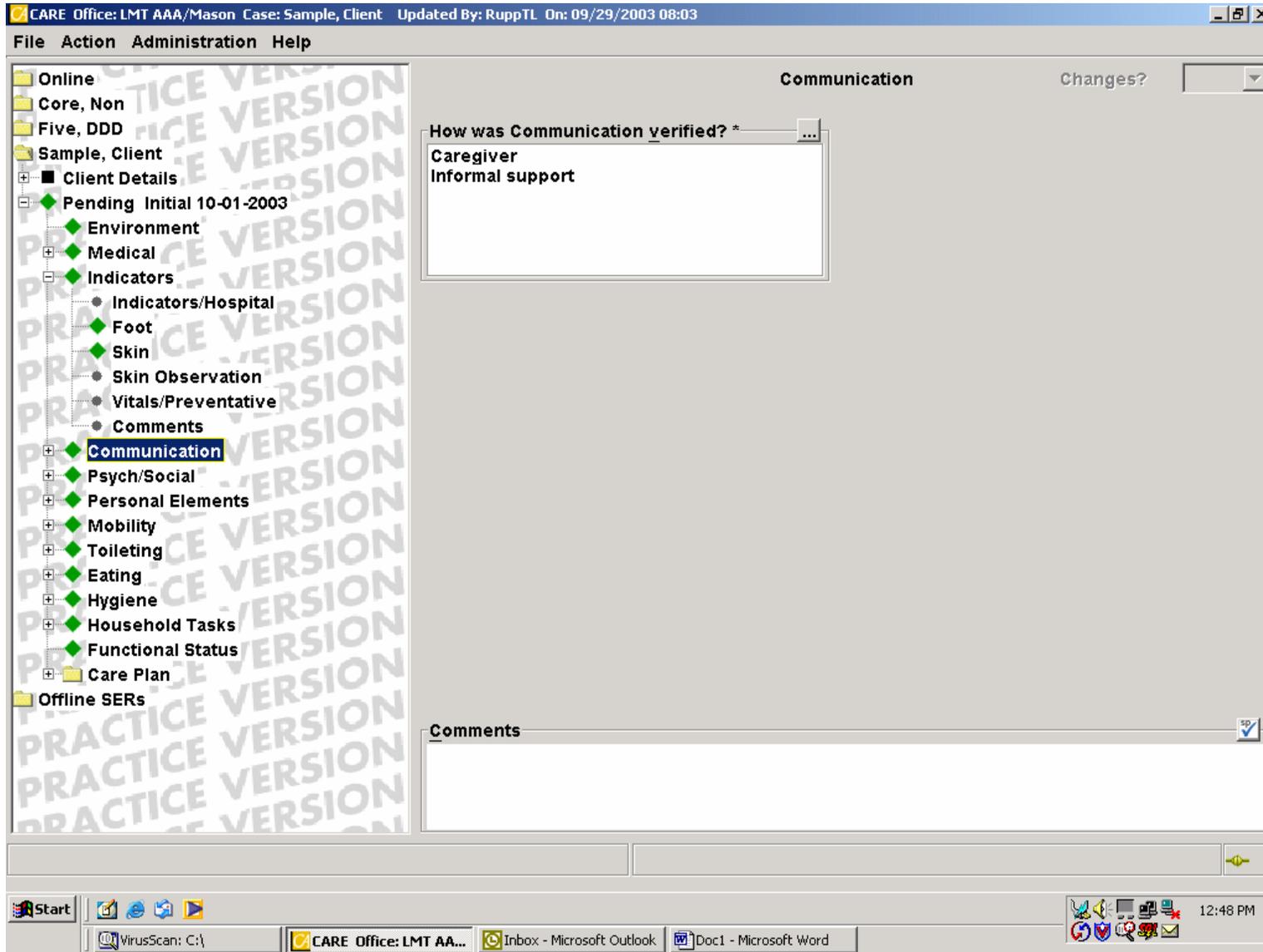
Blood Pressure(BP)

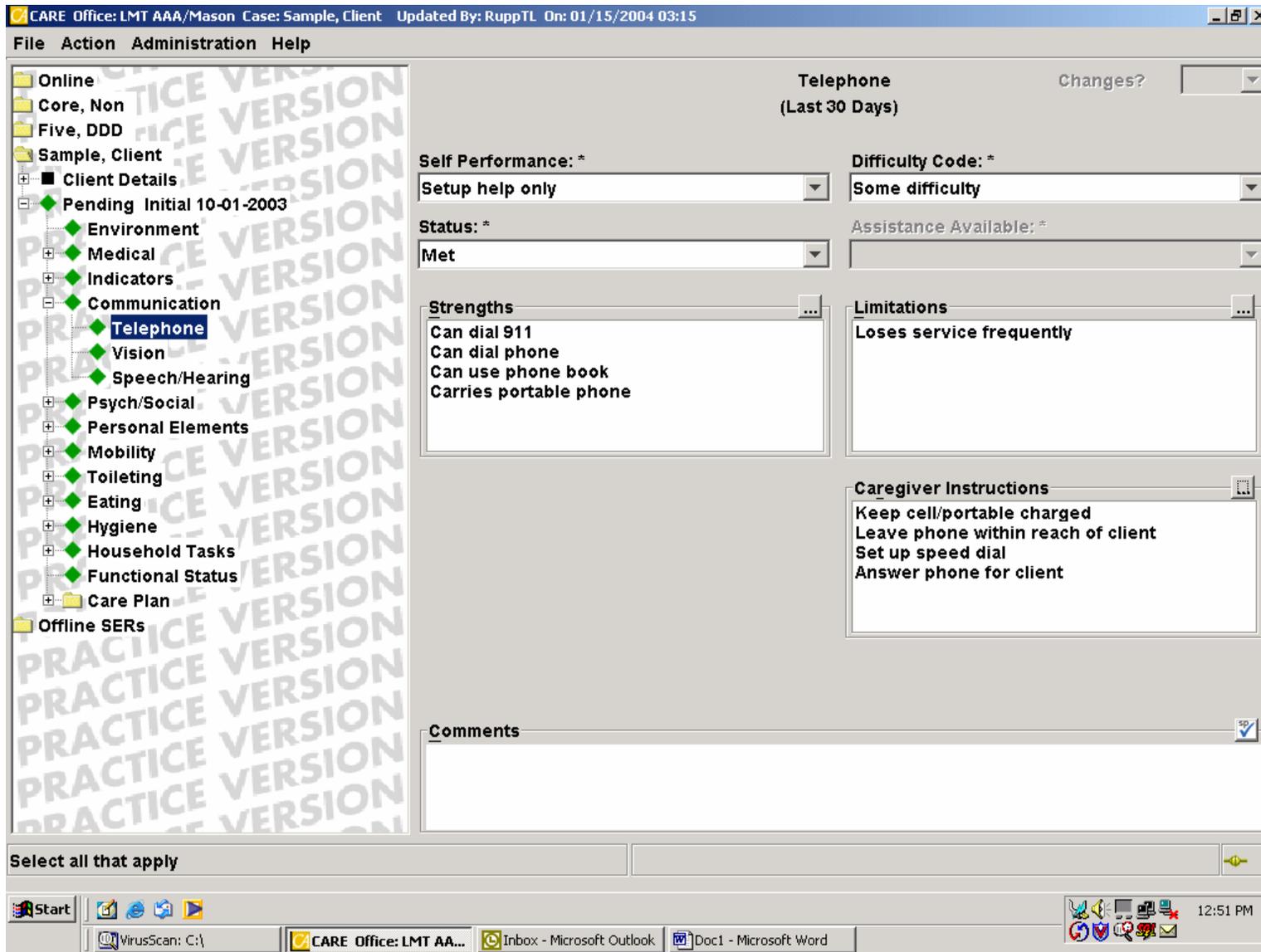
	Right	Left
Lying	<input type="text"/>	<input type="text"/>
Sitting	<input type="text"/>	<input type="text"/>
Standing	<input type="text"/>	<input type="text"/>

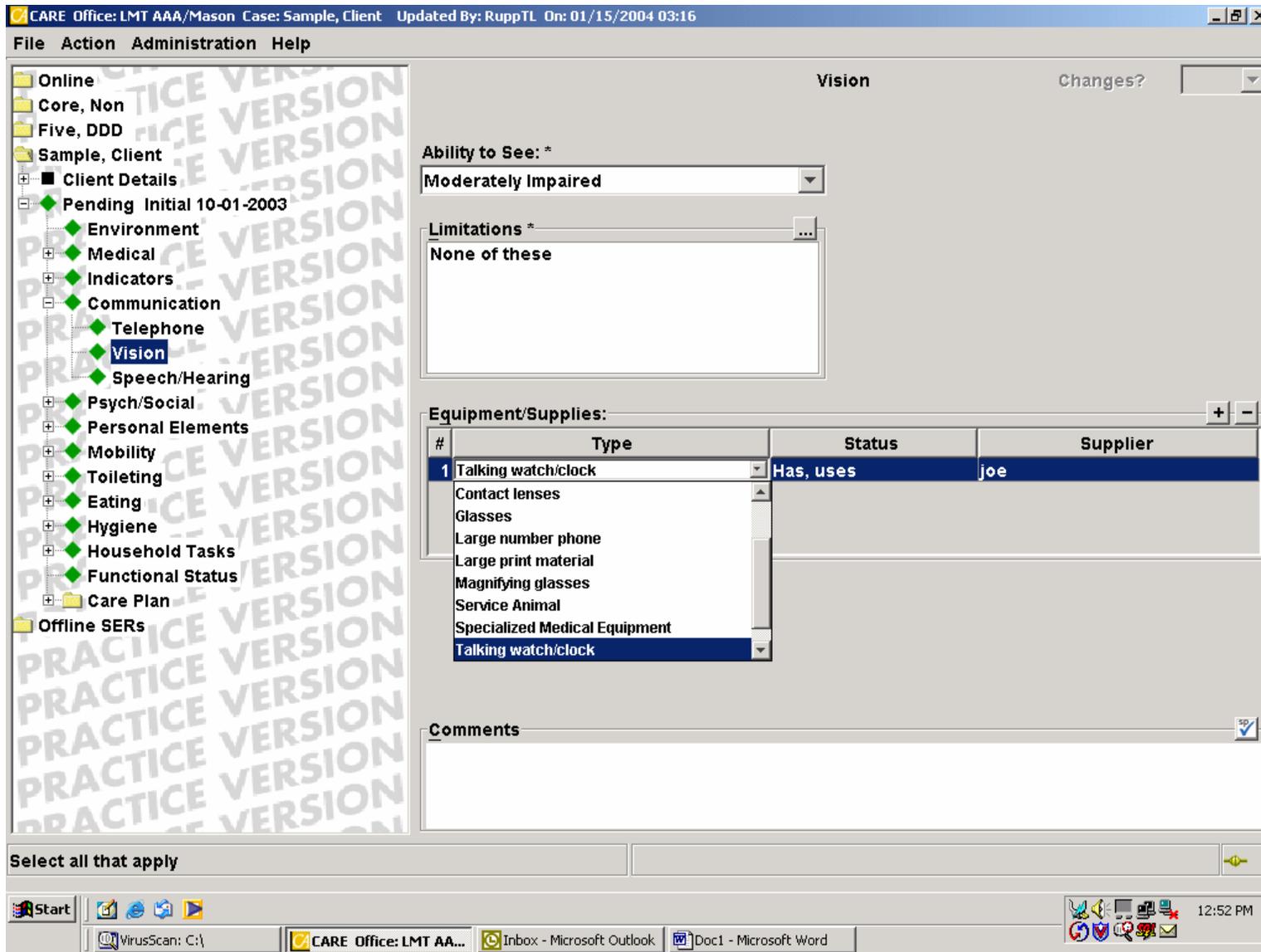
Respiration Rate:

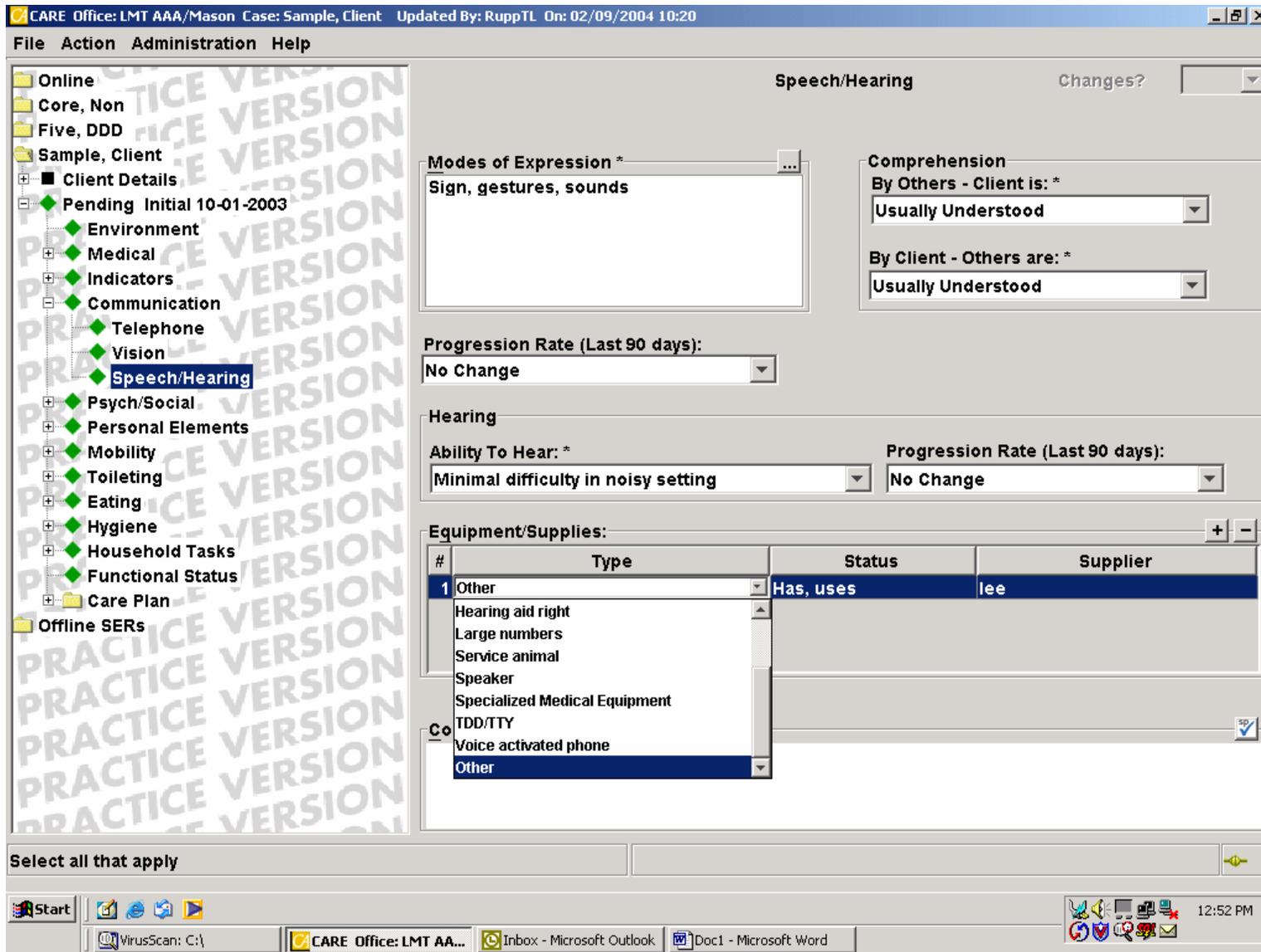
Comments 50

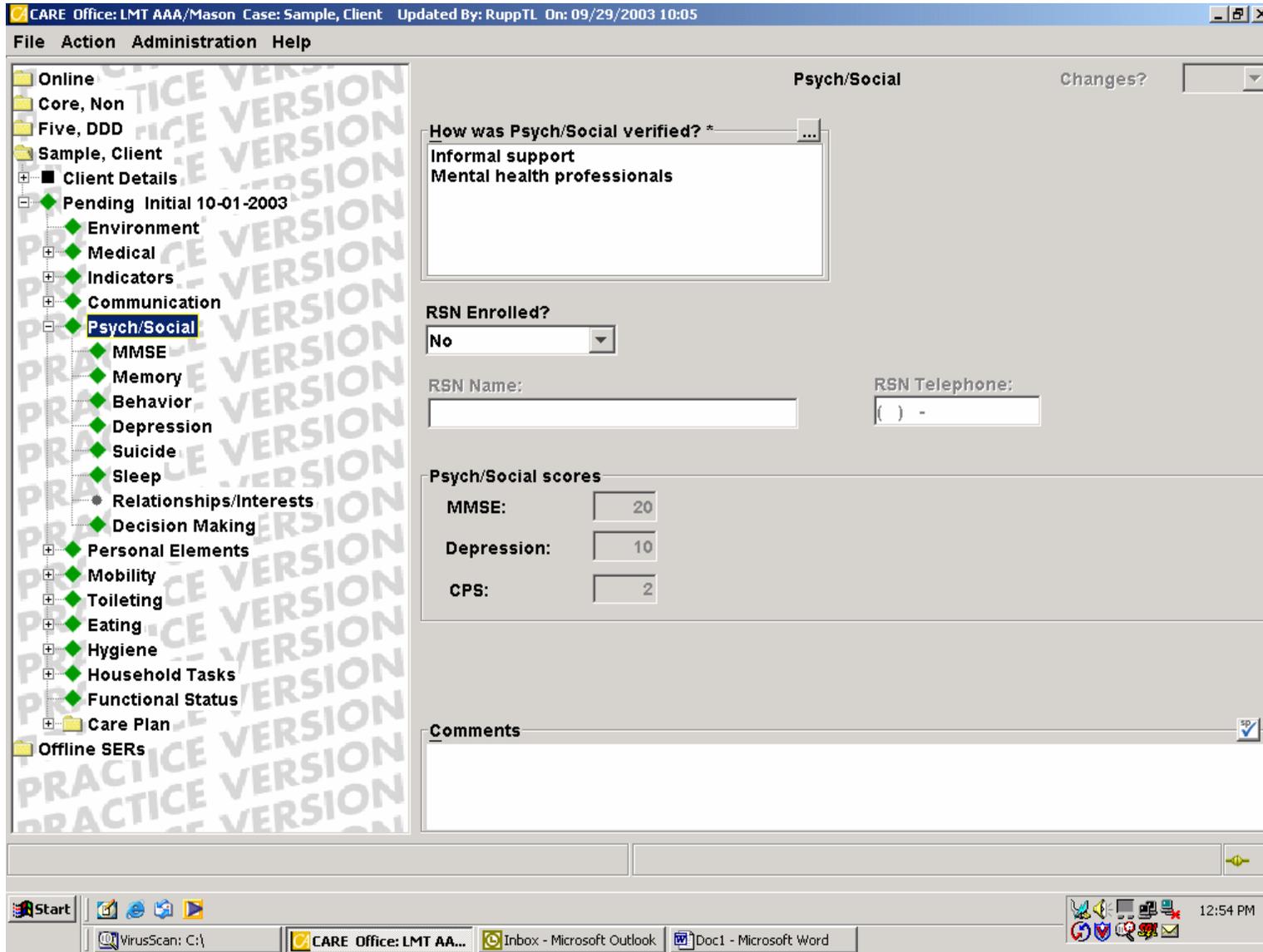


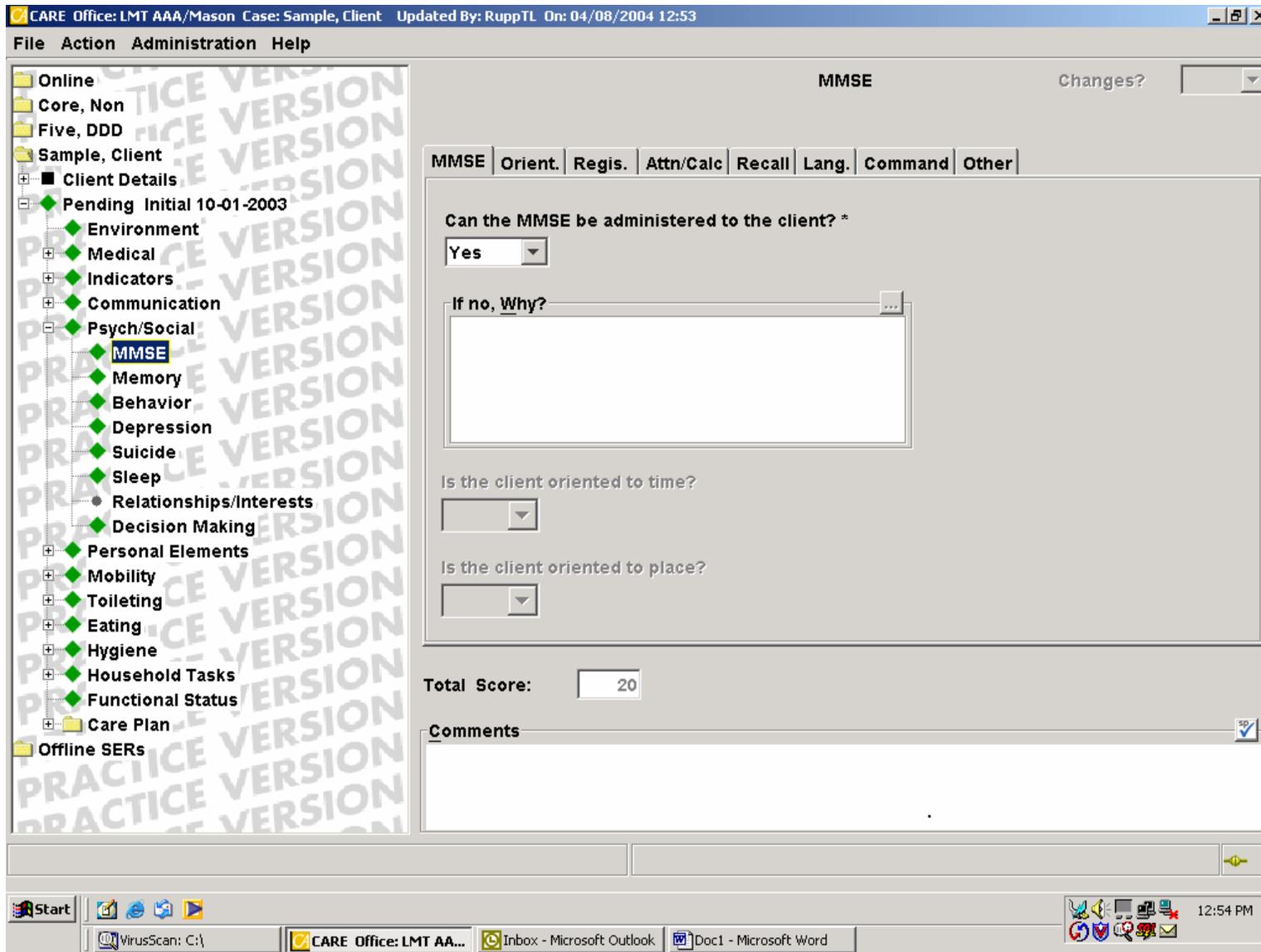


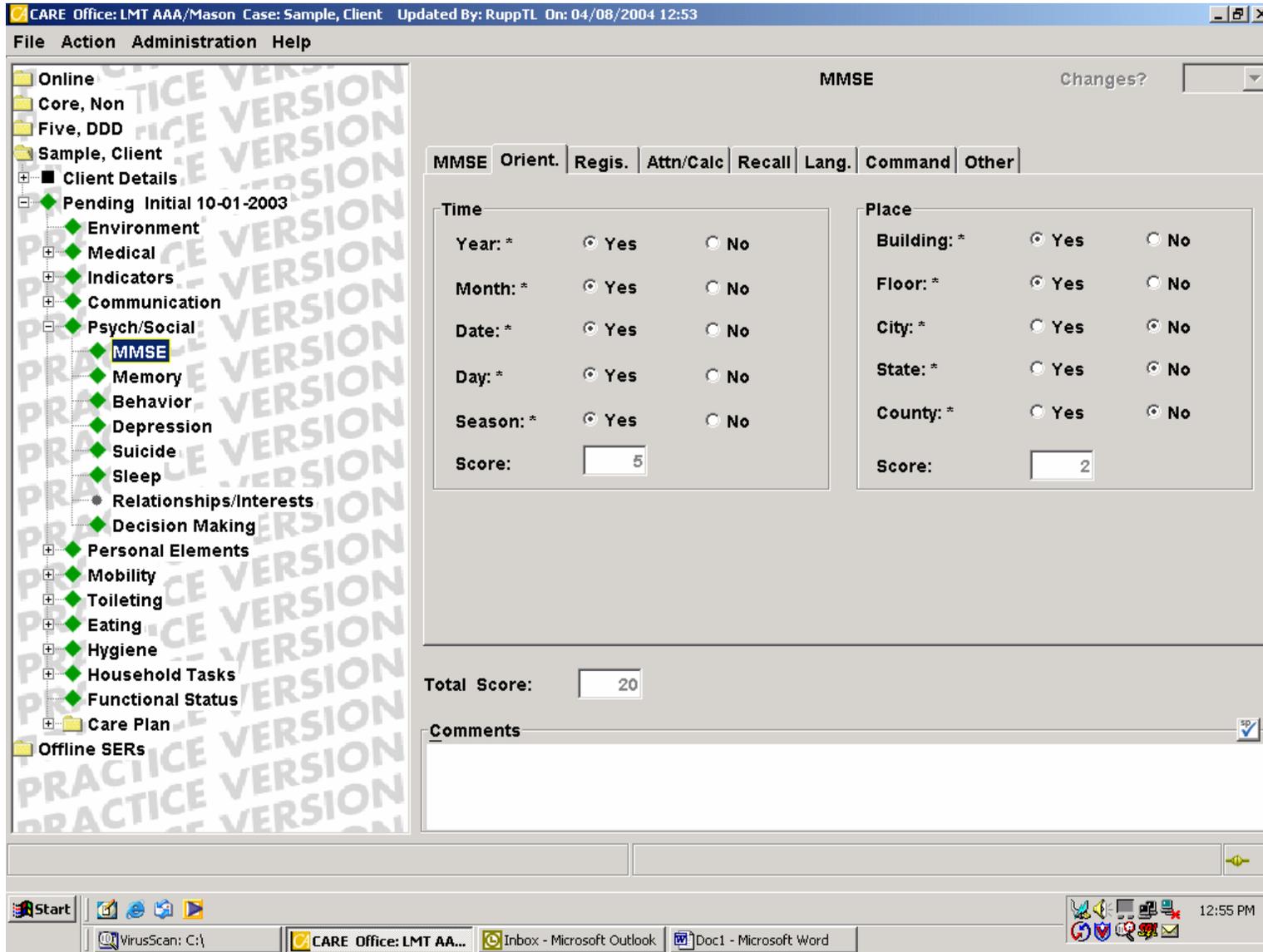


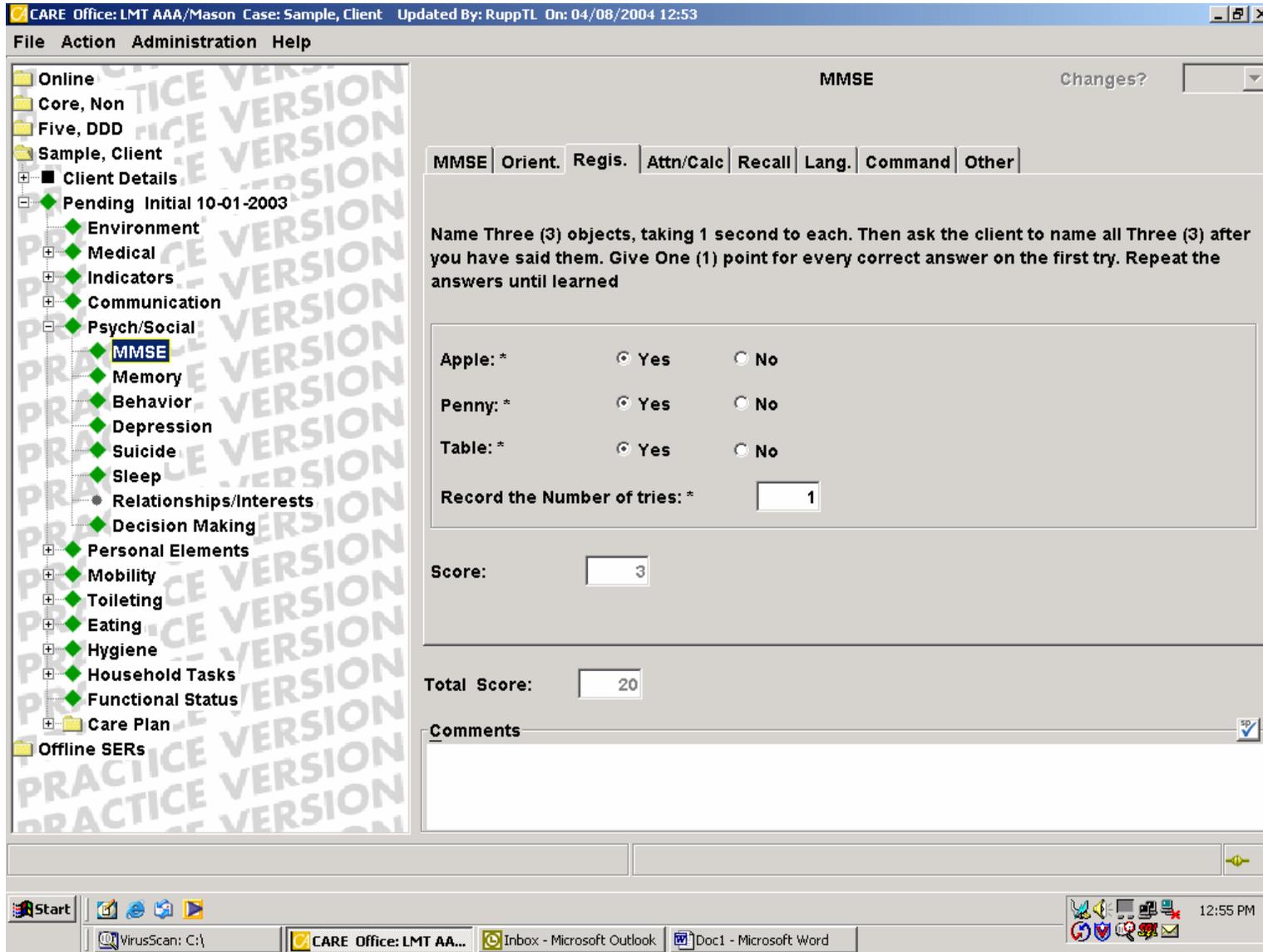


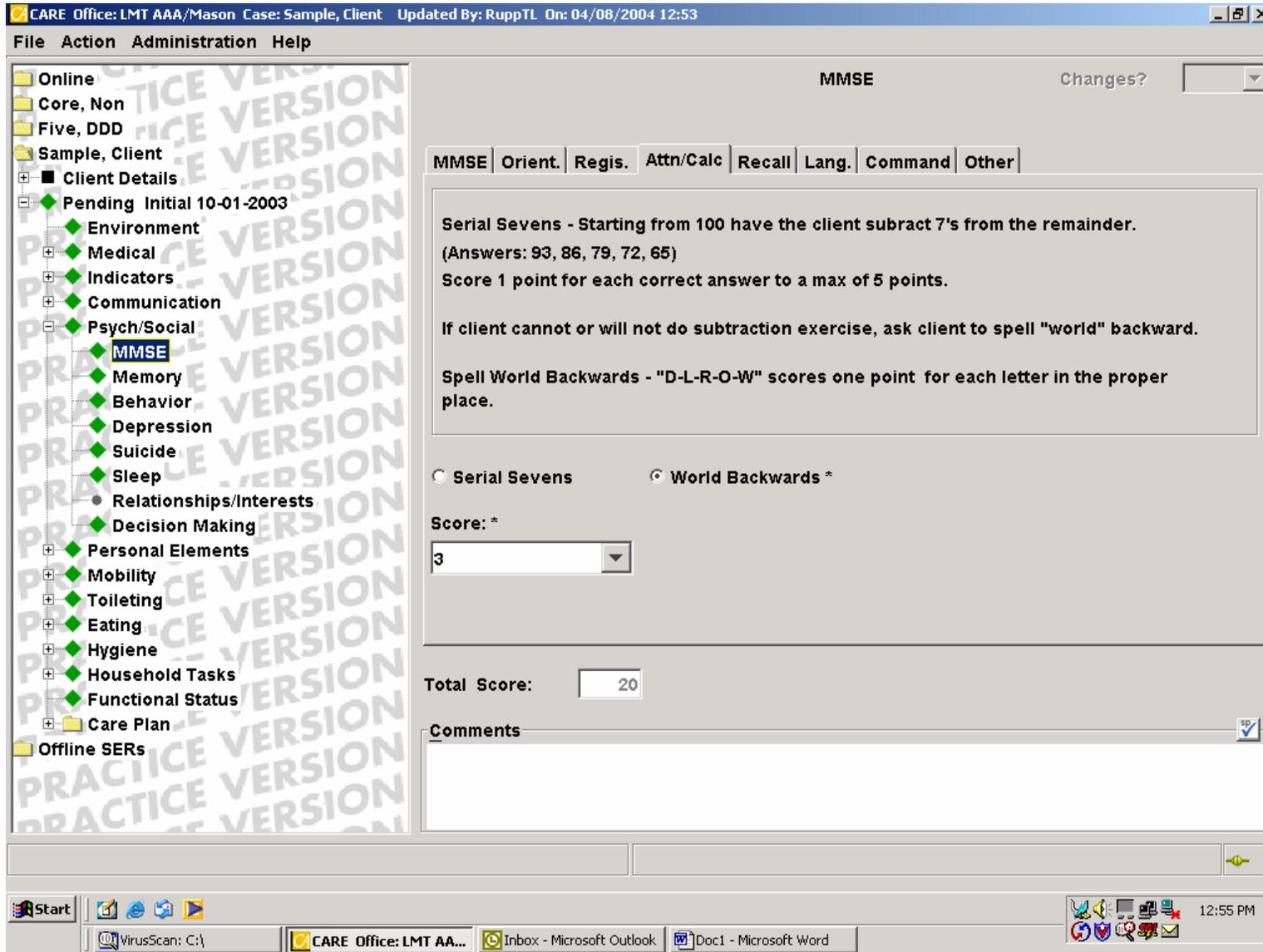


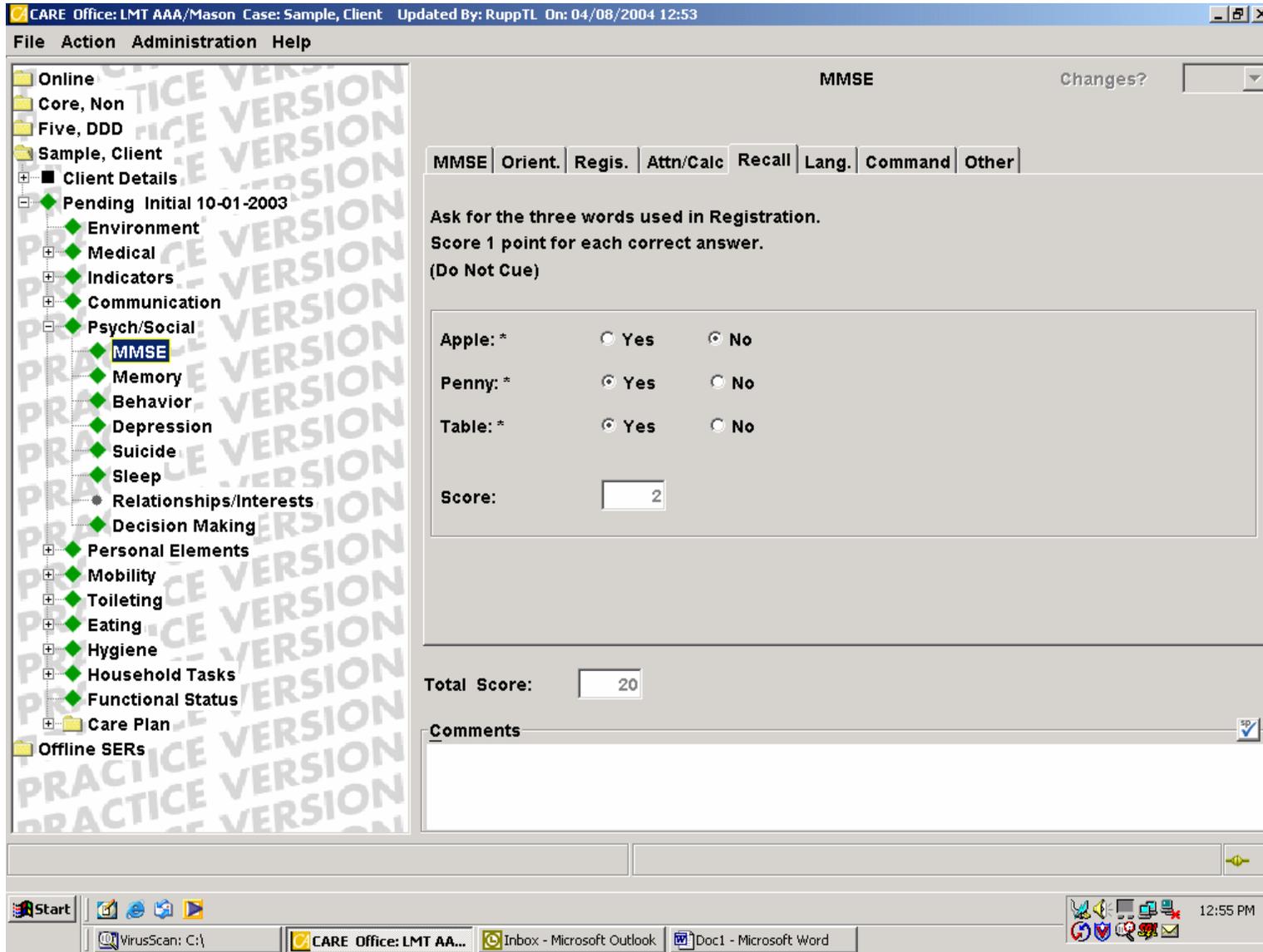


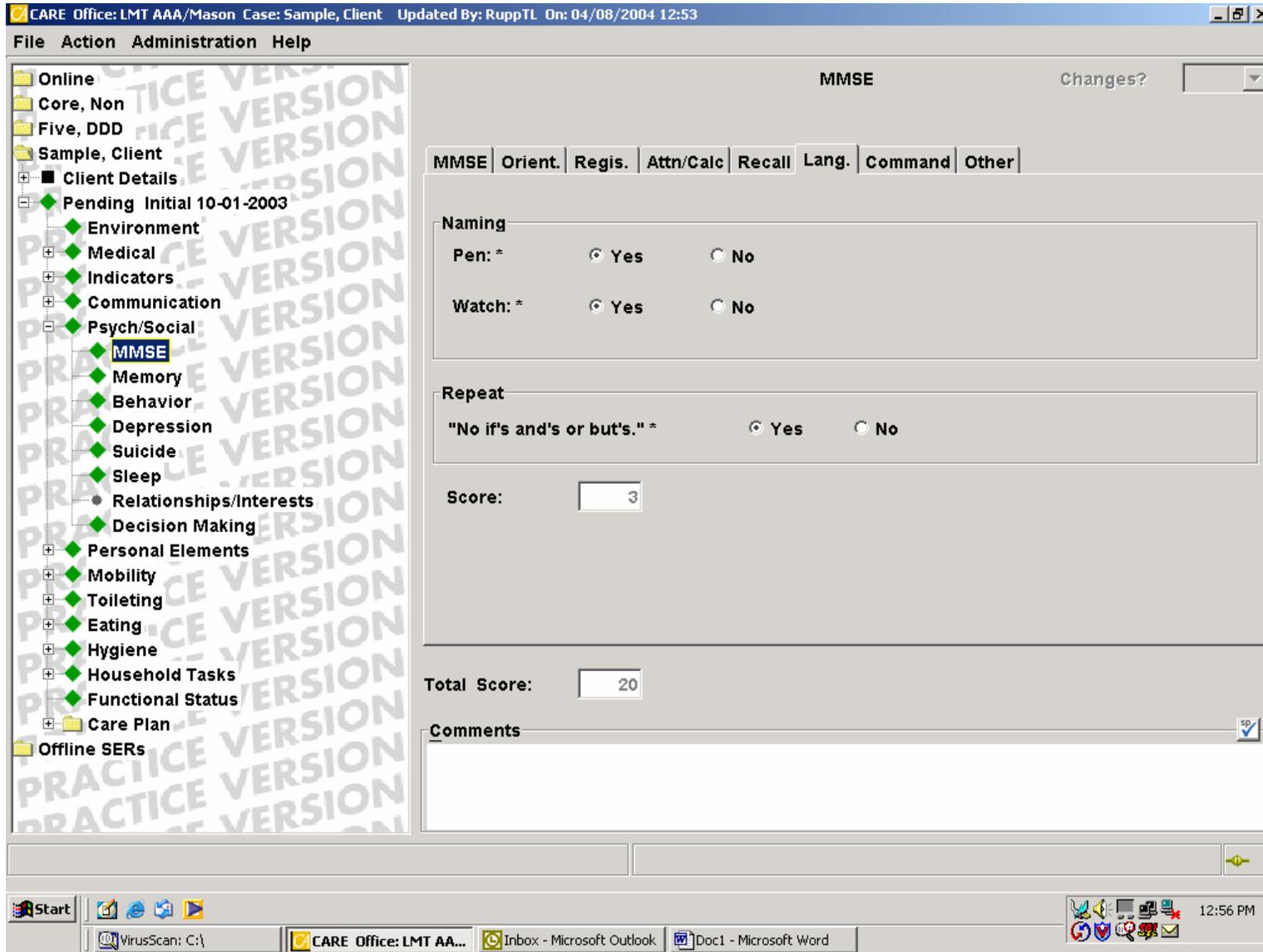


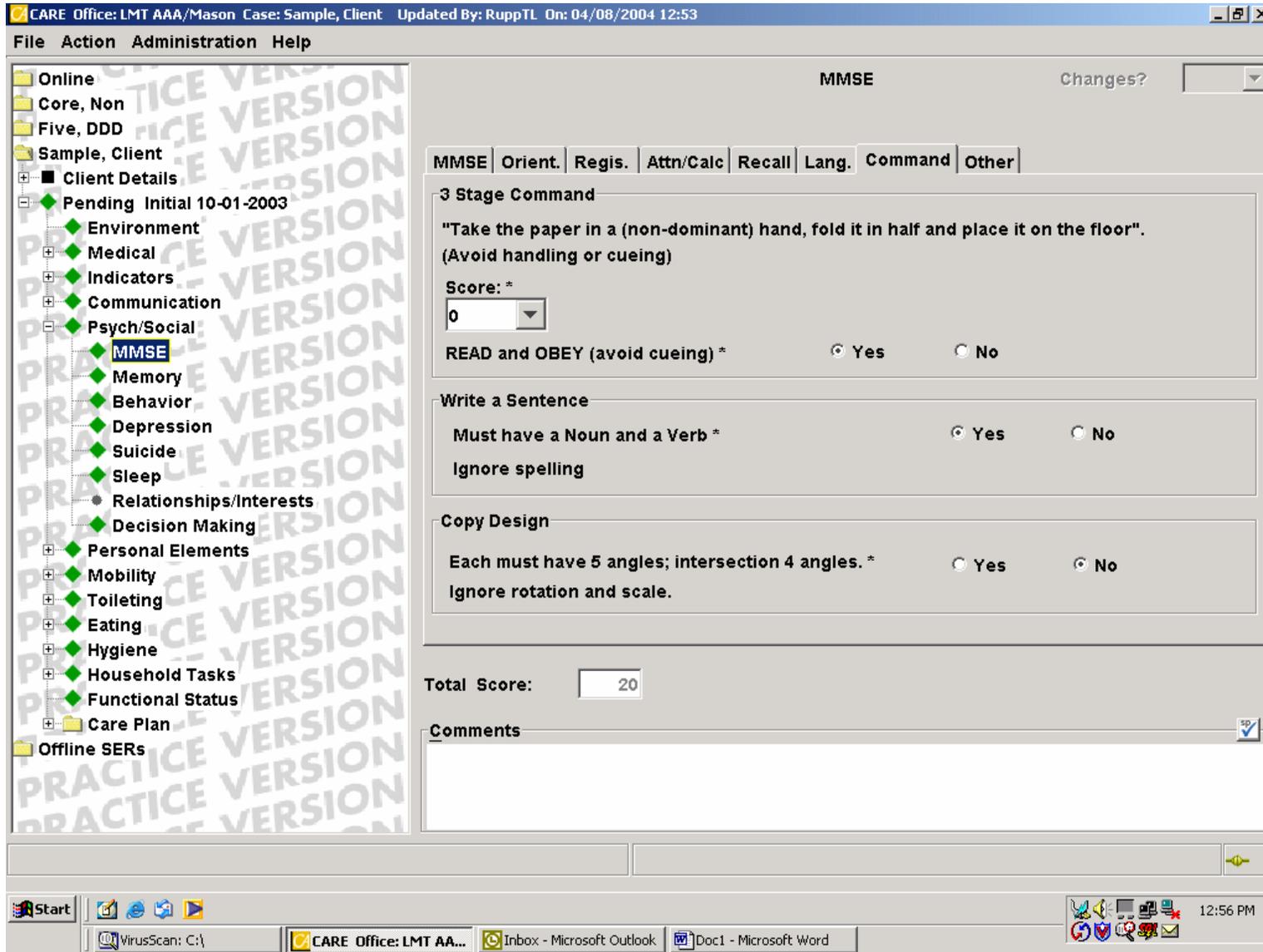


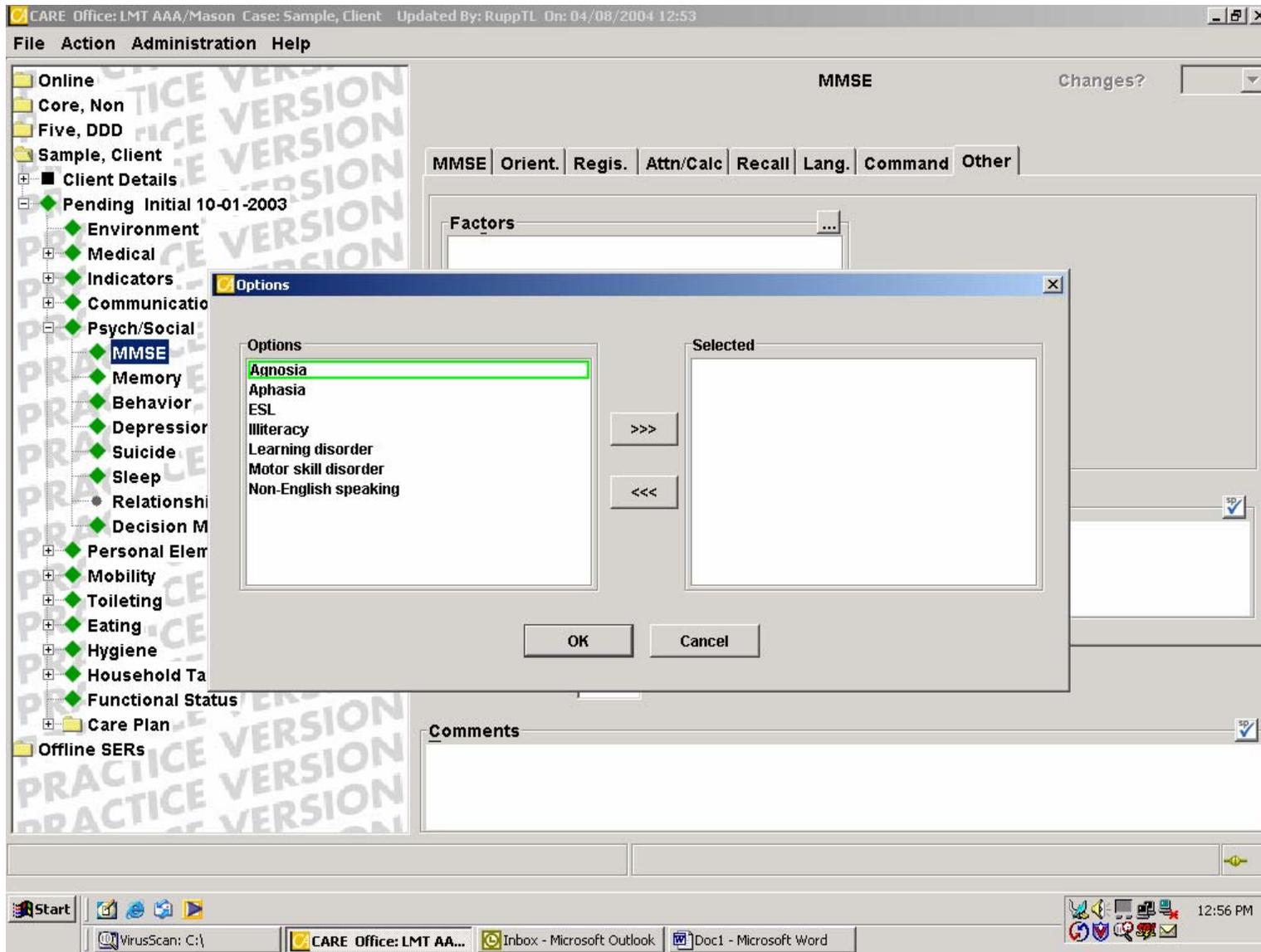


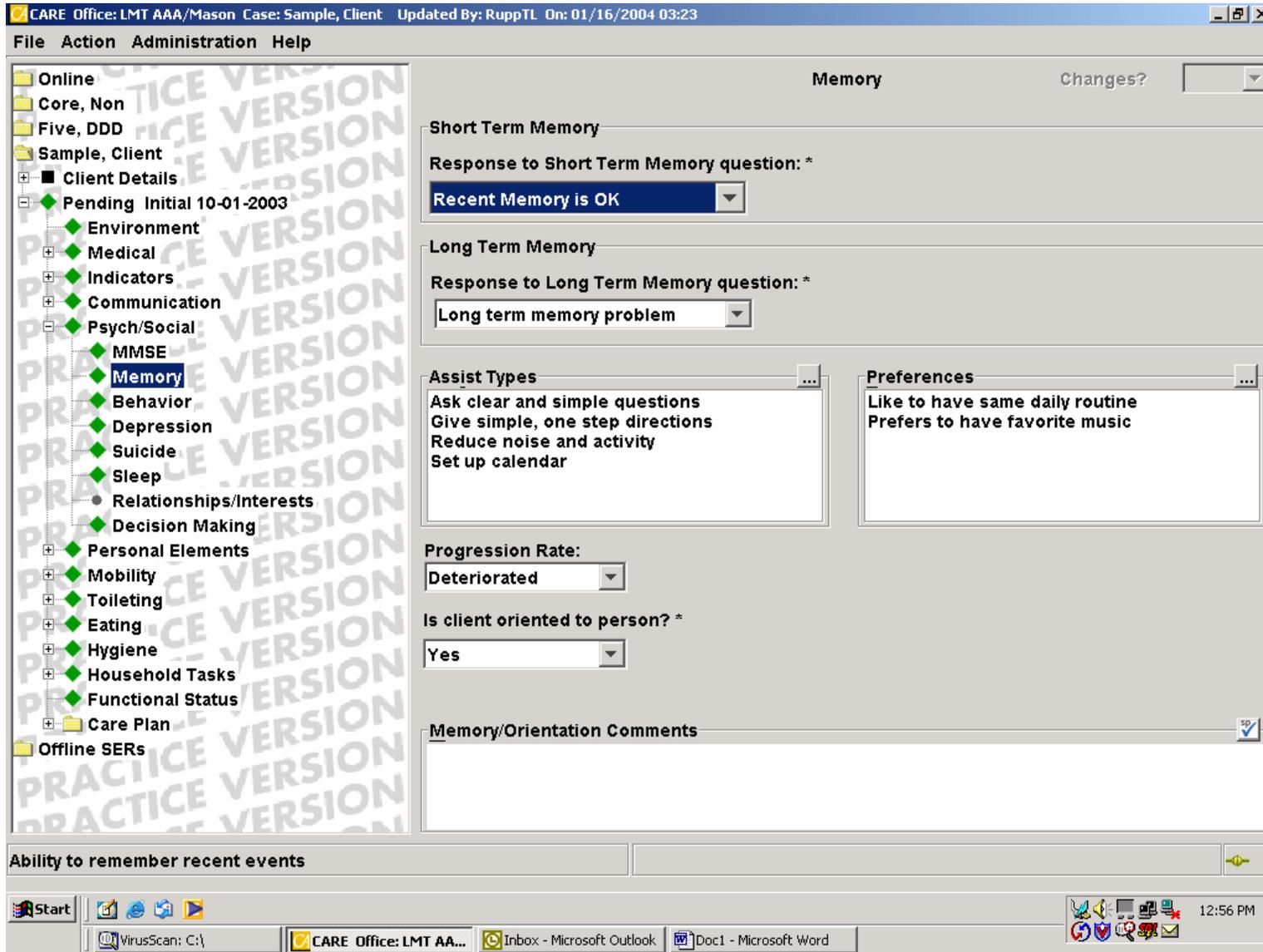












CARE Office: LMT AAA/Mason Case: Sample, Client Updated By: RuppTL On: 02/18/2004 02:23

File Action Administration Help

Behavior Changes? [v]

Has client had any mood or behavior symptoms in last 5 years? *
Yes [v]

BehaviorList *

#	Type	Name
1	Symptoms of distress	Obsessive re health/body functions
2	Symptoms of distress	Crying, tearfulness

Behavior Detail

Type: Symptoms of distress

Name: Obsessive re health/body functions

Status: *
Current [v]

Frequency (last 7 days): * 1 to 3 Days [v] Alterability (last 7 days): * Not easily altered [v] Intervention: *

Comments

When client starts to worry about her health, distract her by asking her to go for a walk.

Start | VirusScan: C:\ | CARE Office: LMT AA... | Inbox - Microsoft Outlook | Doc1 - Microsoft Word | 12:58 PM

CARE Office: LMT AAA/Mason Case: Sample, Client Updated By: RuppTL On: 04/08/2004 12:54

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 - Environment
 - Medical
 - Indicators
 - Communication
 - Psych/Social
 - MMSE
 - Memory
 - Behavior
 - Depression**
 - Suicide
 - Sleep
 - Relationships/Interests
 - Decision Making
 - Personal Elements
 - Mobility
 - Toileting
 - Eating
 - Hygiene
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Select Interview: * **Depression** Changes?

Client Score:

In the last week...

Did you not feel like eating; was your appetite poor? *

Did you feel depressed? *

Did you feel that everything you did was an effort? *

Was your sleep restless? *

Were you happy? *

Did you feel lonely? *

Were people unfriendly? *

Did you enjoy life? *

Did you feel sad? *

Did you feel that people disliked you? *

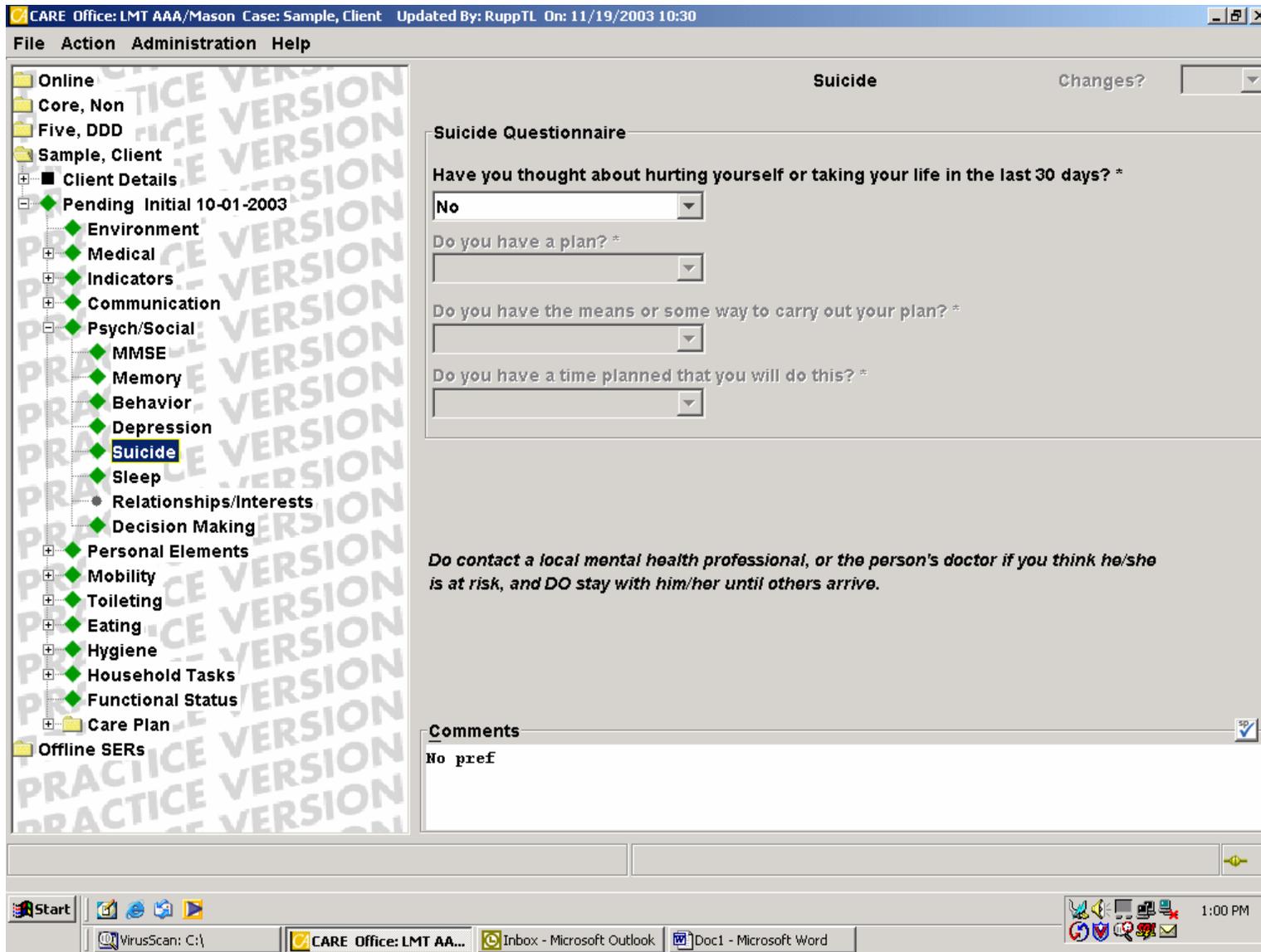
Did you feel that you could not "get going"? *

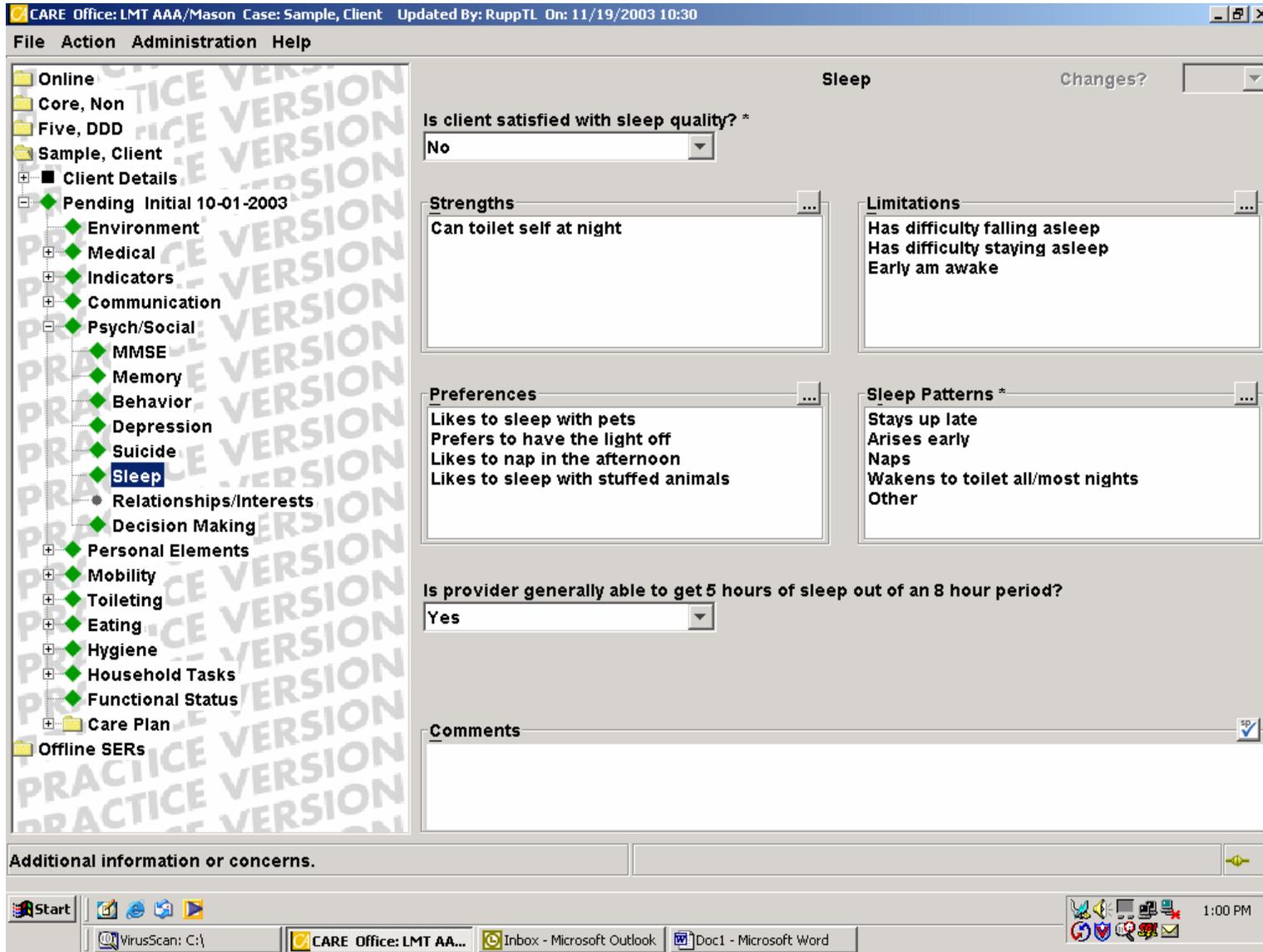
Comments

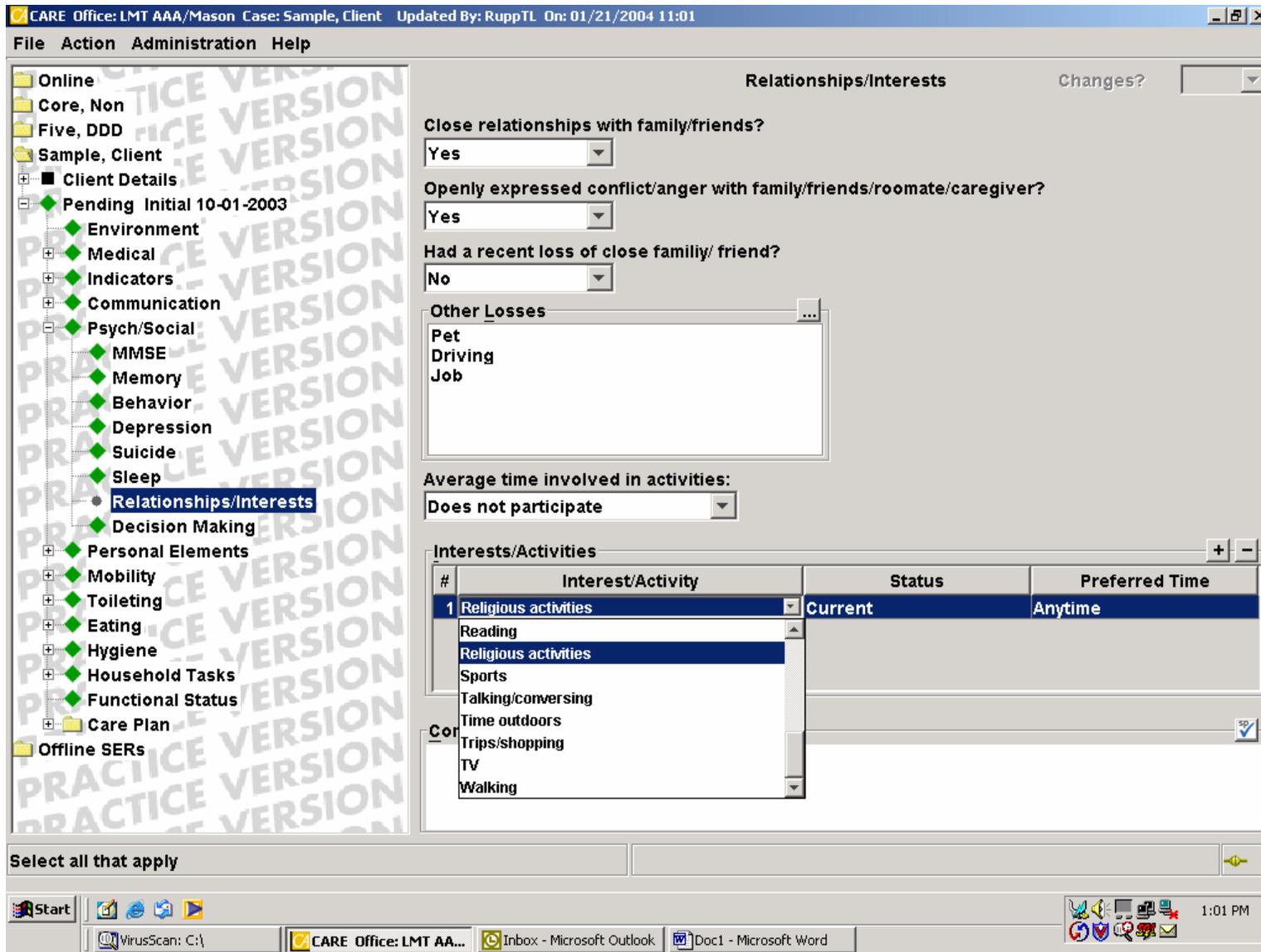
Discussed possible depression with client and she states that she doesn't feel depressed but does worry about her health. She will discuss this with her doctor at next weeks appointment.

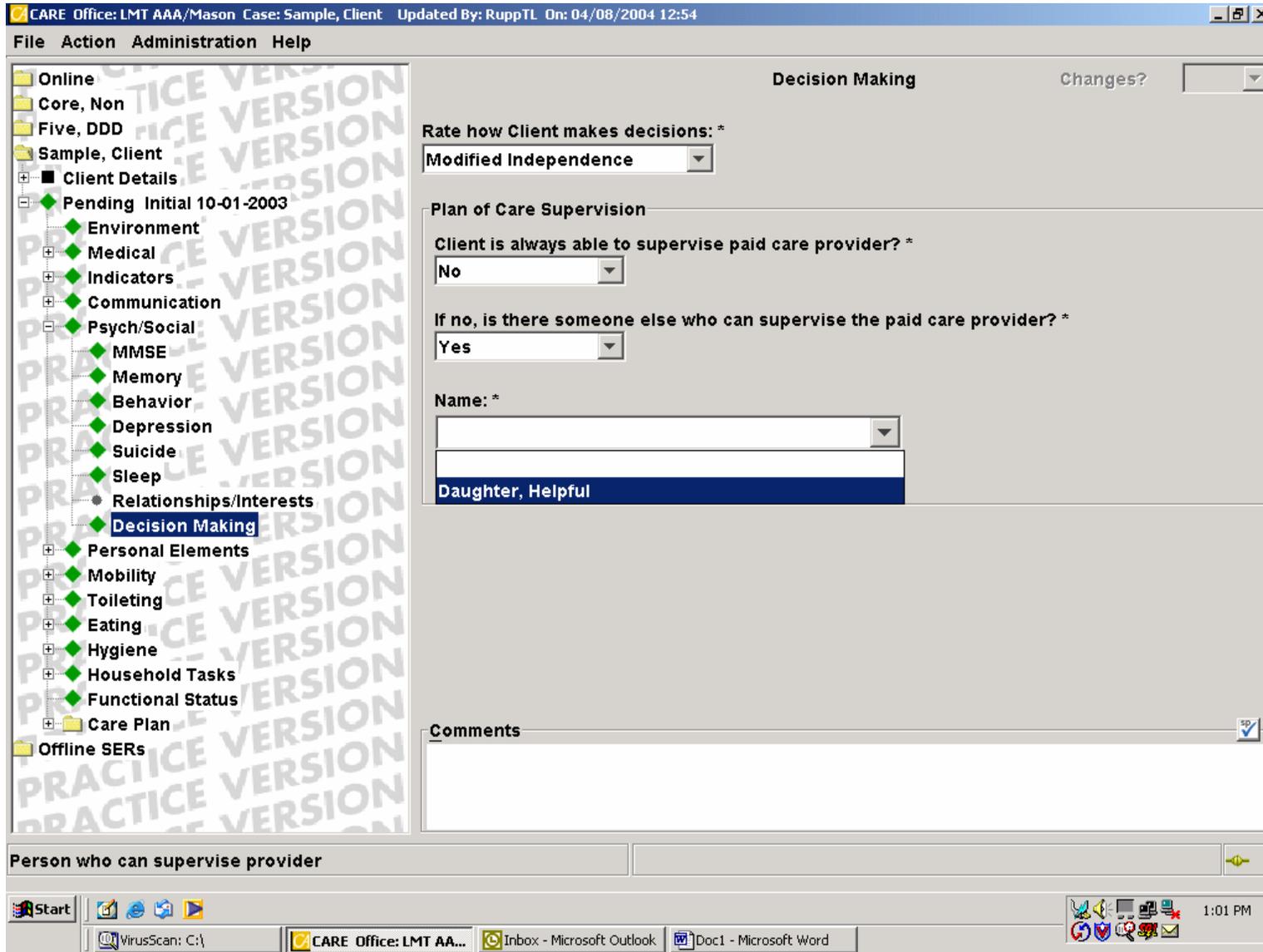
Describe any discrepancies

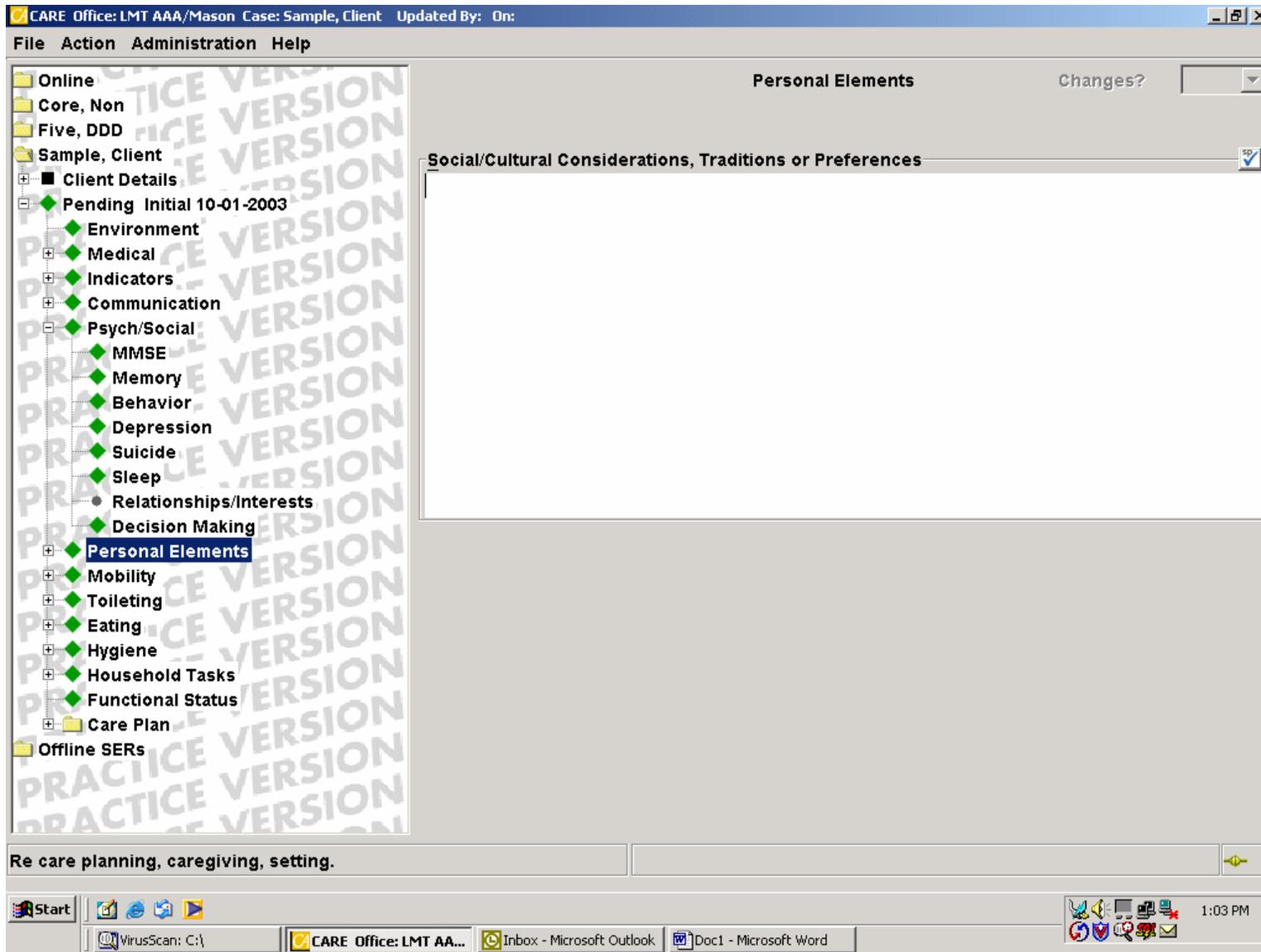
Start | VirusScan: C:\ | CARE Office: LMT AA... | Inbox - Microsoft Outlook | Doc1 - Microsoft Word | 1:00 PM











CARE Office: LMT AAA/Mason Case: Sample, Client Updated By: RuppTL On: 07/11/2003 03:31

File Action Administration Help

Goals Changes? [v]

Does client have any goals? * Yes [v]

Goal List

#	Goal Short Description	Status	Create Date	End Date
1	Family history	Ongoing	04/08/2004	00/00/0000

Goal Detail

Goal Short Description: *
Family history

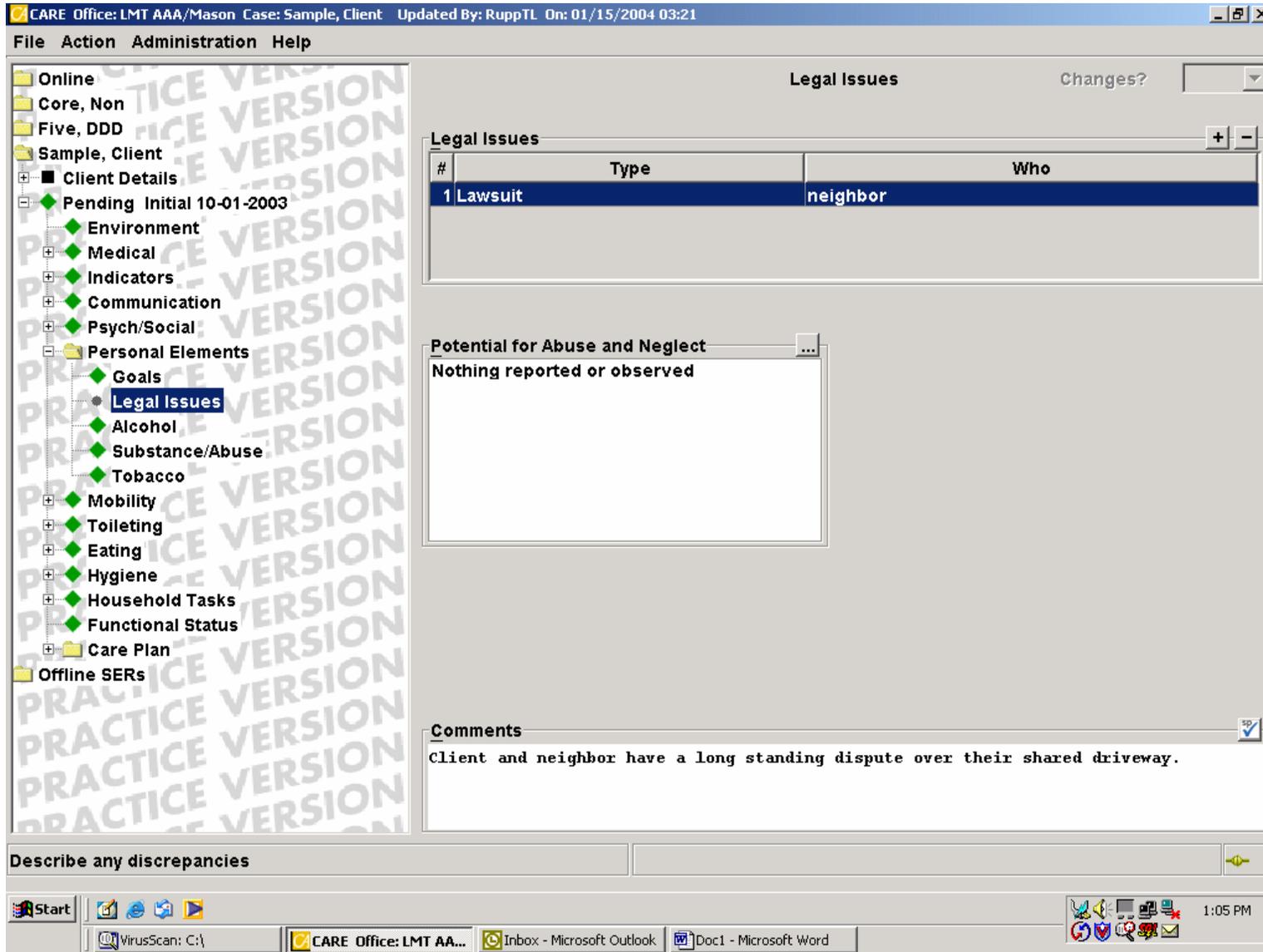
Goal Description [v]
Client would like to finish the family history that she has been working on for the past 10 years.

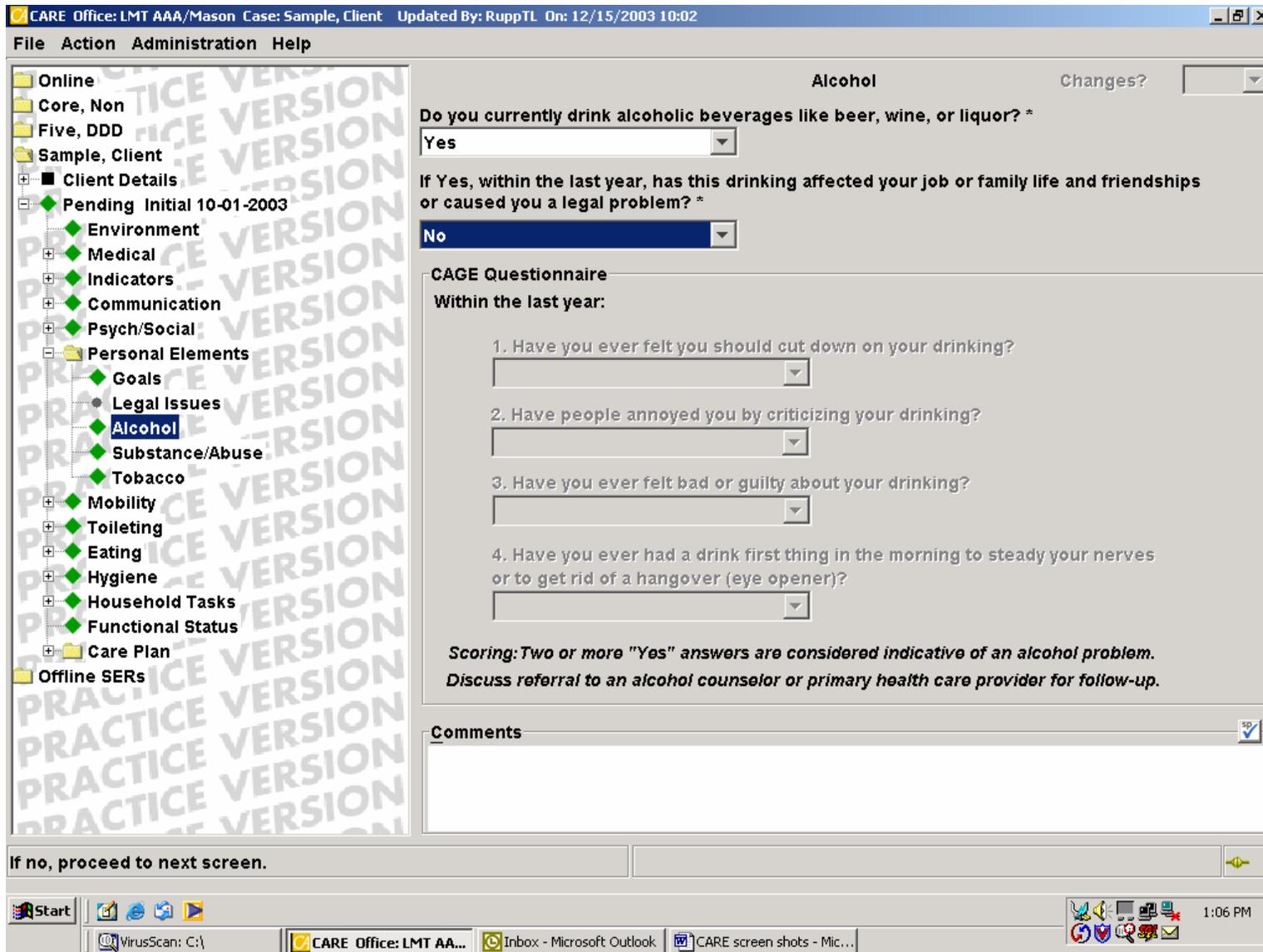
Status: * Ongoing [v] Create Date: 04/08/2004 End Date: 00/00/0000

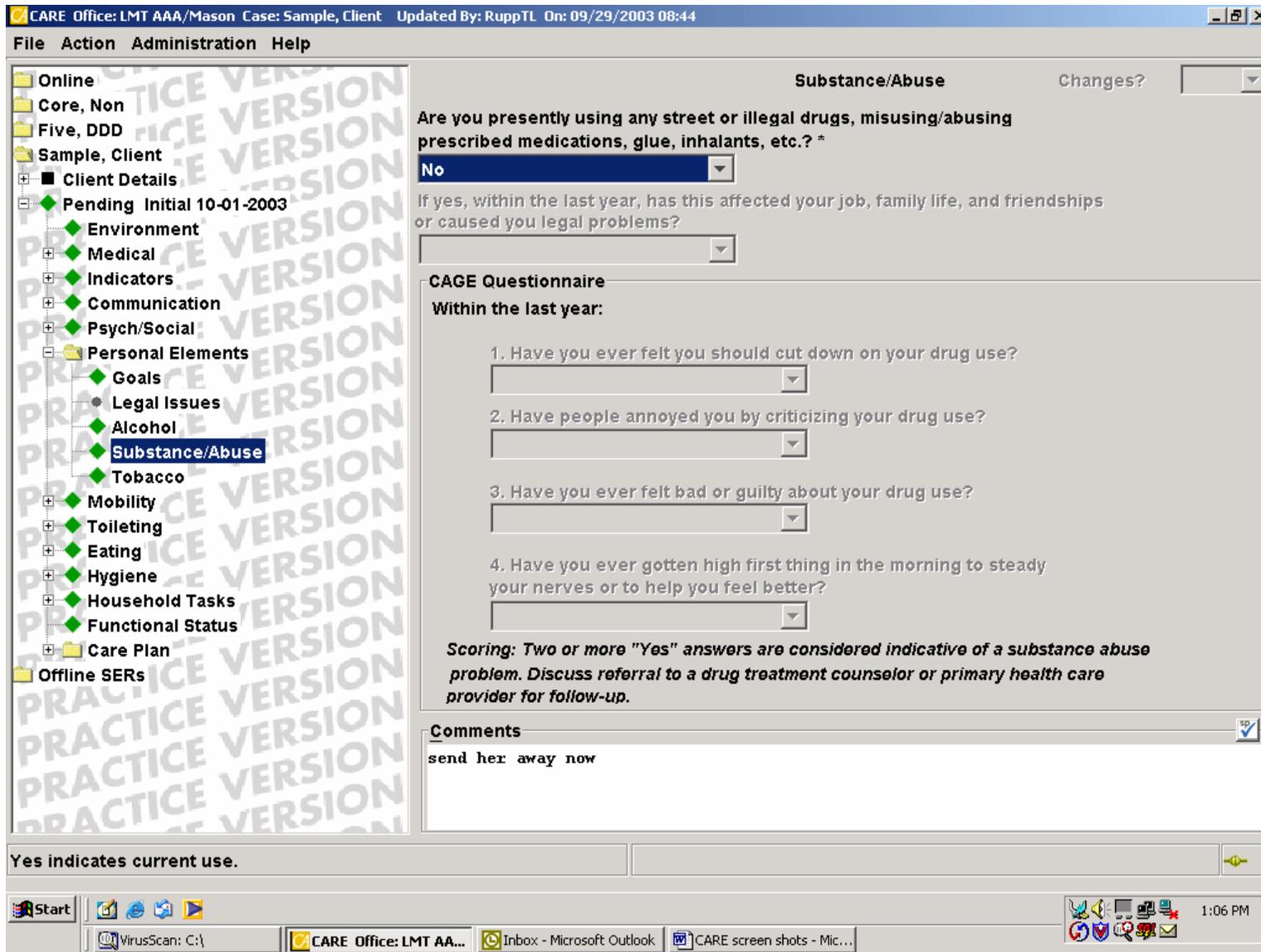
Who Acts: * Client [v]

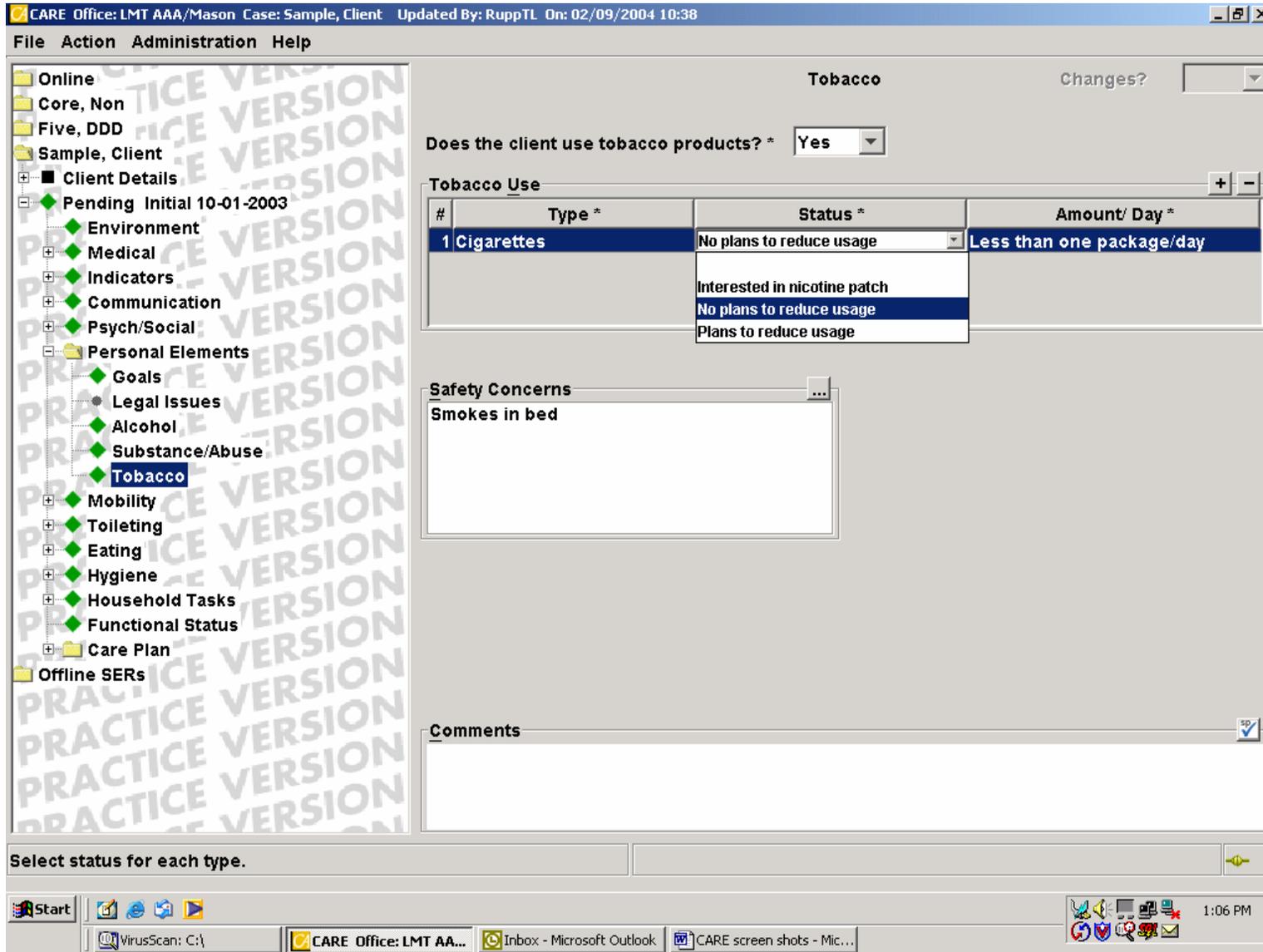
Primarily responsible to follow through. [v]

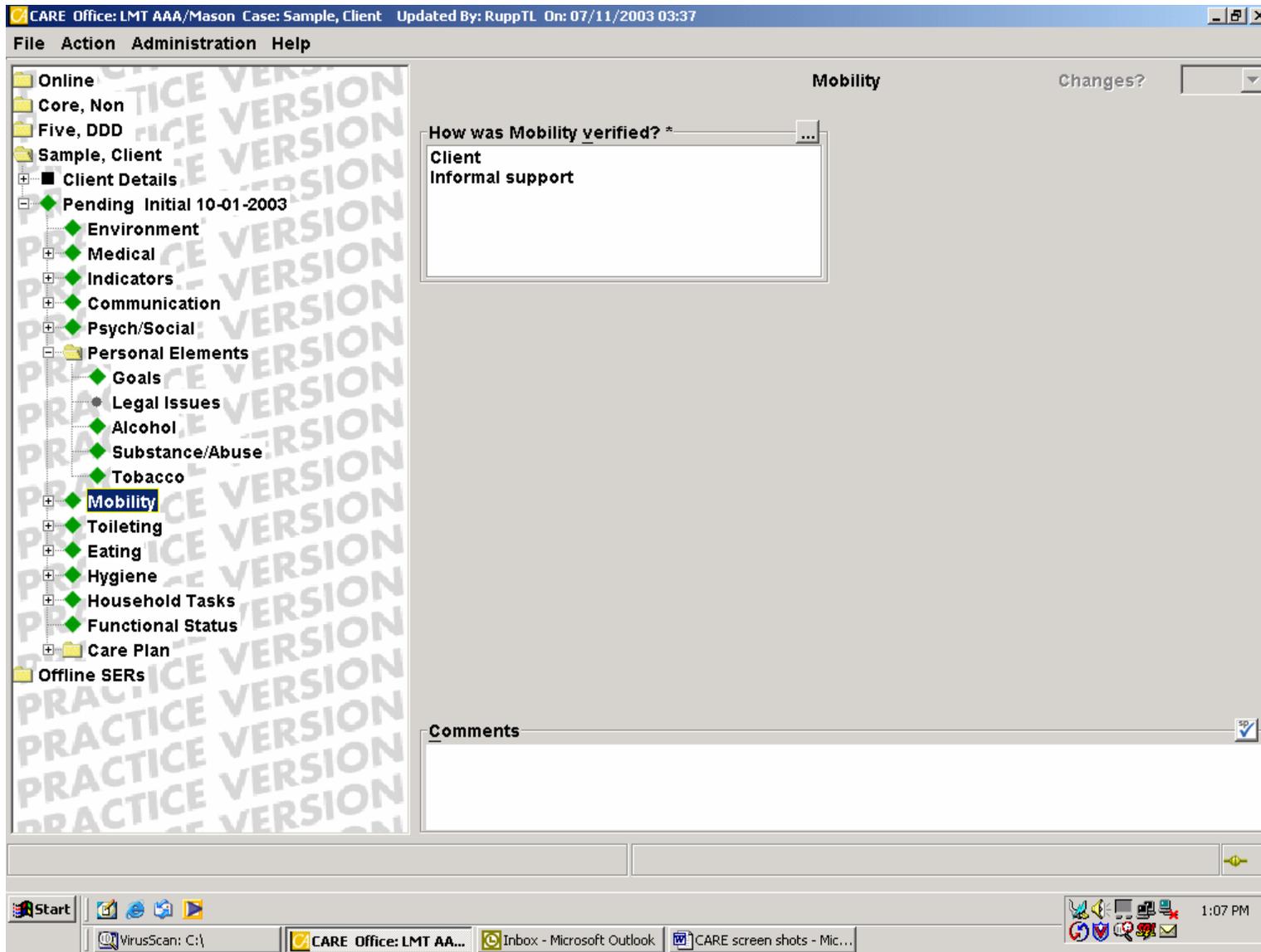
Start | VirusScan: C:\ | CARE Office: LMT AA... | Inbox - Microsoft Outlook | Doc1 - Microsoft Word | 1:04 PM











CARE Office: LMT AAA/Mason Case: Sample, Client Updated By: RuppTL On: 02/18/2004 02:32

File Action Administration Help

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 - Medical
 - Indicators
 - Communication
 - Psych/Social
 - Personal Elements
 - Mobility
 - Locomotion in Room**
 - Locomotion Outside Room
 - Walk in Room
 - Bed Mobility
 - Transfers
 - Falls
 - Toileting
 - Eating
 - Hygiene
 - Household Tasks
 - Functional Status
 - Care Plan
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Locomotion in Room (Last 7 days) Changes? [v]

Self Performance: *
Extensive assistance [v]

Status: *
Partially met [v]

Support Provided: *
One person physical assist [v]

Assistance Available: *
1/4-1/2 of the time [v]

Strengths
Will ask for assistance
Aware of own safety
Able to exit in emergency

Limitations
Equipment needs repair
Leans to left

Preferences
Likes to be pushed in wheelchair

Caregiver Instructions
Evacuation plan: Call neighbor
Make sure foot rest in place
Set brakes on wheelchair/walker
Evacuation plan: use PERS

Equipment/Supplies

#	Type	Status	Supplier
1	Manual wheelchair	Has, uses	
2	Walker w/seat	Needs, wants	
3	PERS unit	Has, uses	

Comments

Start

VirusScan: C:\

CARE Office: LMT AA...

Inbox - Microsoft Outlook

CARE screen shots - Mic...

1:07 PM

CARE Office: LMT AAA/Mason Case: Sample, Client Updated By: RuppTL On: 02/10/2004 02:26

File Action Administration Help

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Locomotion Outside Room (Last 7 days) Changes? [v]

Self Performance: *
Extensive assistance [v]

Status: *
Partially met [v]

Support Provided: *
One person physical assist [v]

Assistance Available: *
Less than 1/4 of the time [v]

Strengths
Building has elevator
Navigates safely in community
Residence has ramp

Limitations
Cannot open doors

Preferences
Outings in morning

Caregiver Instructions
Keep client within sight
Evacuation plan: Call neighbor
Set brakes for client
Call 911 to evacuate client

Equipment/Supplies

#	Type	Status	Supplier
1	Manual wheelchair	Has, uses	
2	Walker w/seat	Needs, wants	
3	PERS unit	Has, uses	

Comments

Amount of anticipated support [v]

Start | VirusScan: C:\ | CARE Office: LMT AA... | Inbox - Microsoft Outlook | CARE screen shots - Mic... | 1:07 PM

CARE Office: LMT AAA/Mason Case: Sample, Client Updated By: RuppTL On: 04/07/2004 02:47

File Action Administration Help

Online Walk in Room Changes? [v]

Core, Non

Five, DDD

Sample, Client

- Client Details
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 - Medical
 - Indicators
 - Communication
 - Psych/Social
 - Personal Elements
 - Mobility
 - Locomotion in Room
 - Locomotion Outside Room
 - Walk in Room
 - Bed Mobility
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 - Household Tasks
 - Functional Status
 - Care Plan
- Offline SERs

Self Performance: * Extensive assistance

Status: * Partially met

Strengths
Aware of own safety

Support Provided: * One person physical assist

Assistance Available: * Less than 1/4 of the time

Limitations
Activity limited: afraid of falling

Preferences
Walker w/seat

Caregiver Instructions
Always use a gait belt
Encourage to walk daily
Keep oxygen tubing out of path
Make sure client wears shoes/slippers

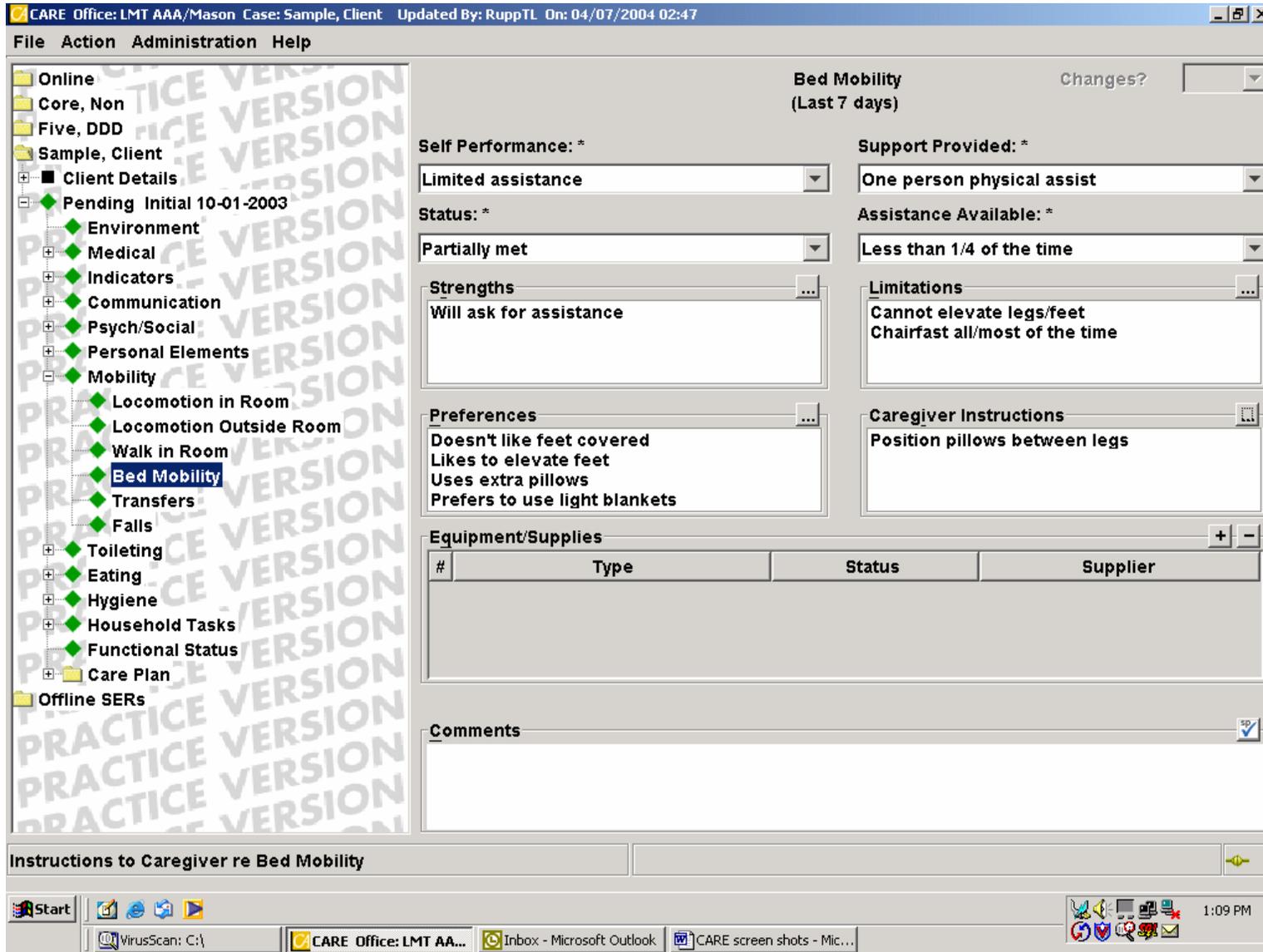
Equipment/Supplies

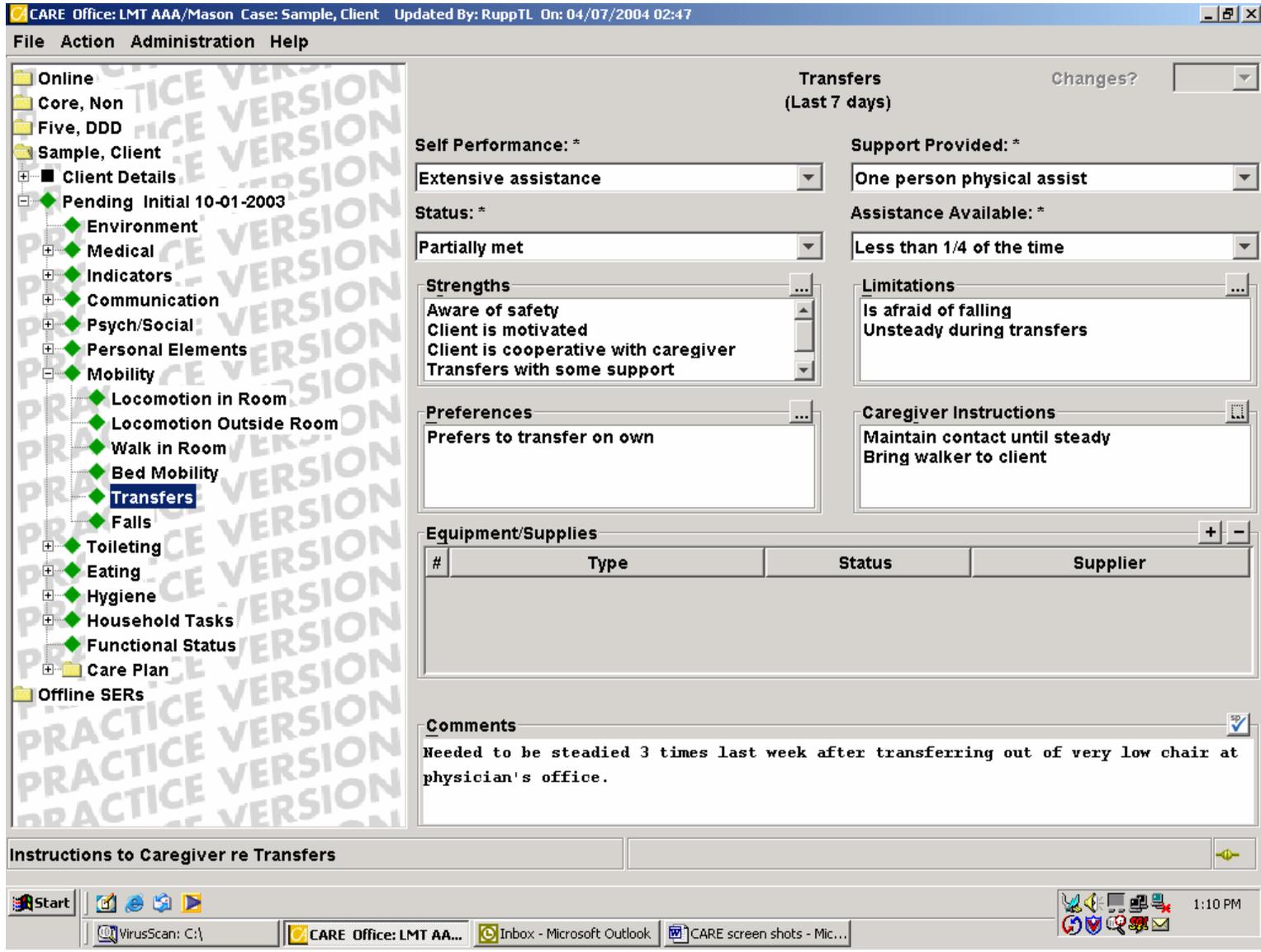
#	Type	Status	Supplier
1	Manual wheelchair	Has, uses	
2	Walker w/seat	Needs, wants	
3	PERS unit	Has, uses	

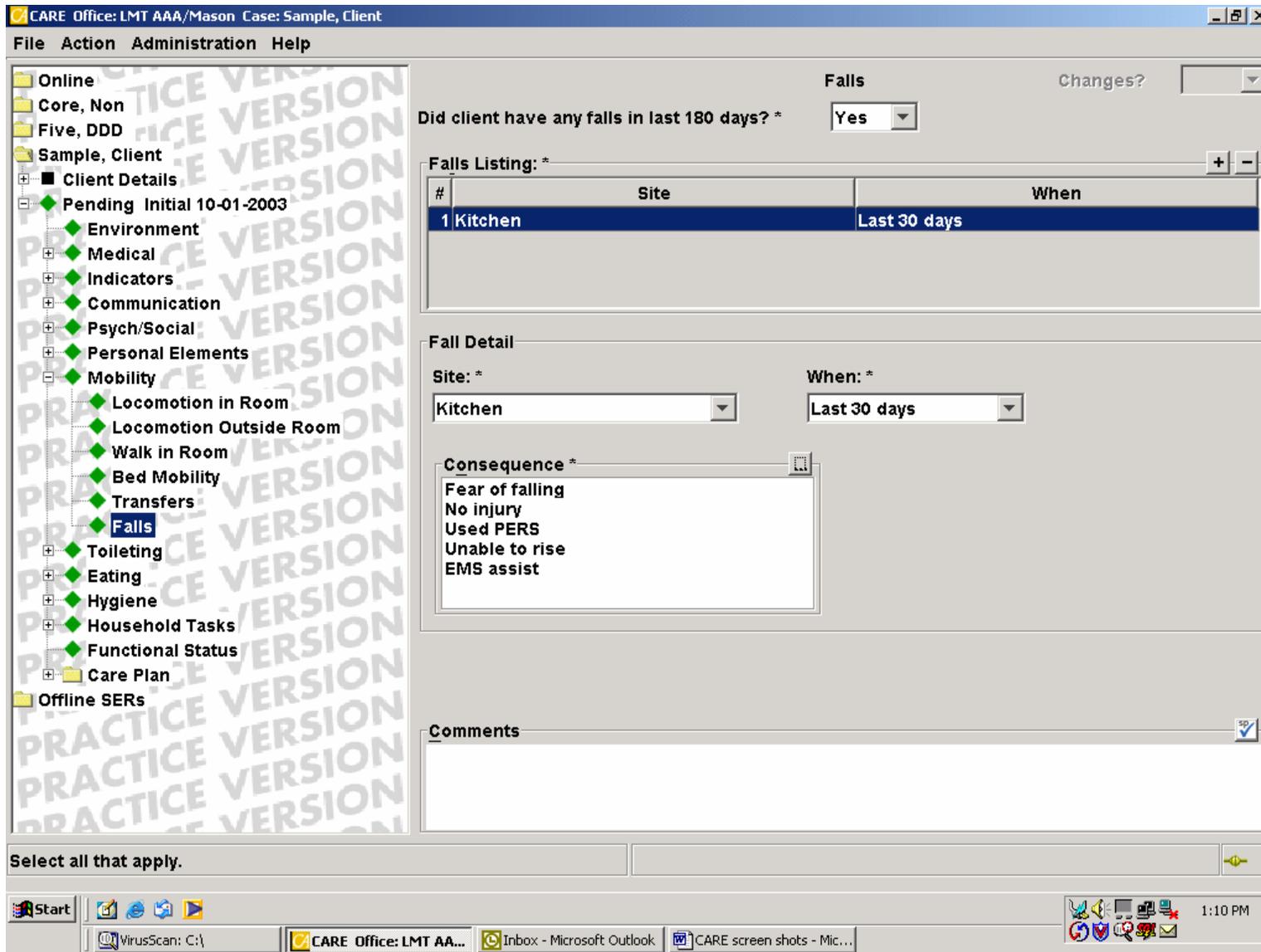
Comments

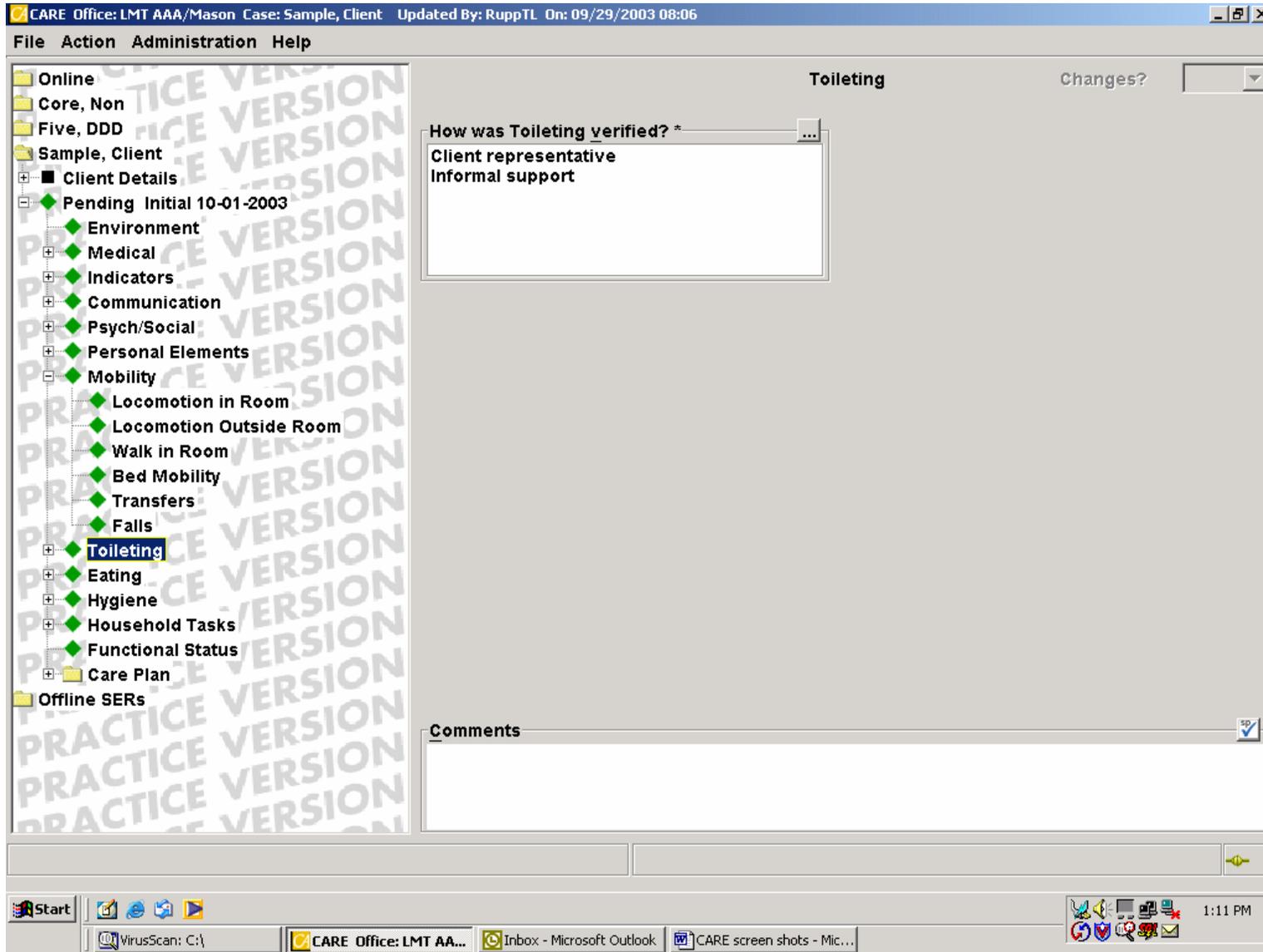
Instructions to Caregiver re Walk in Room

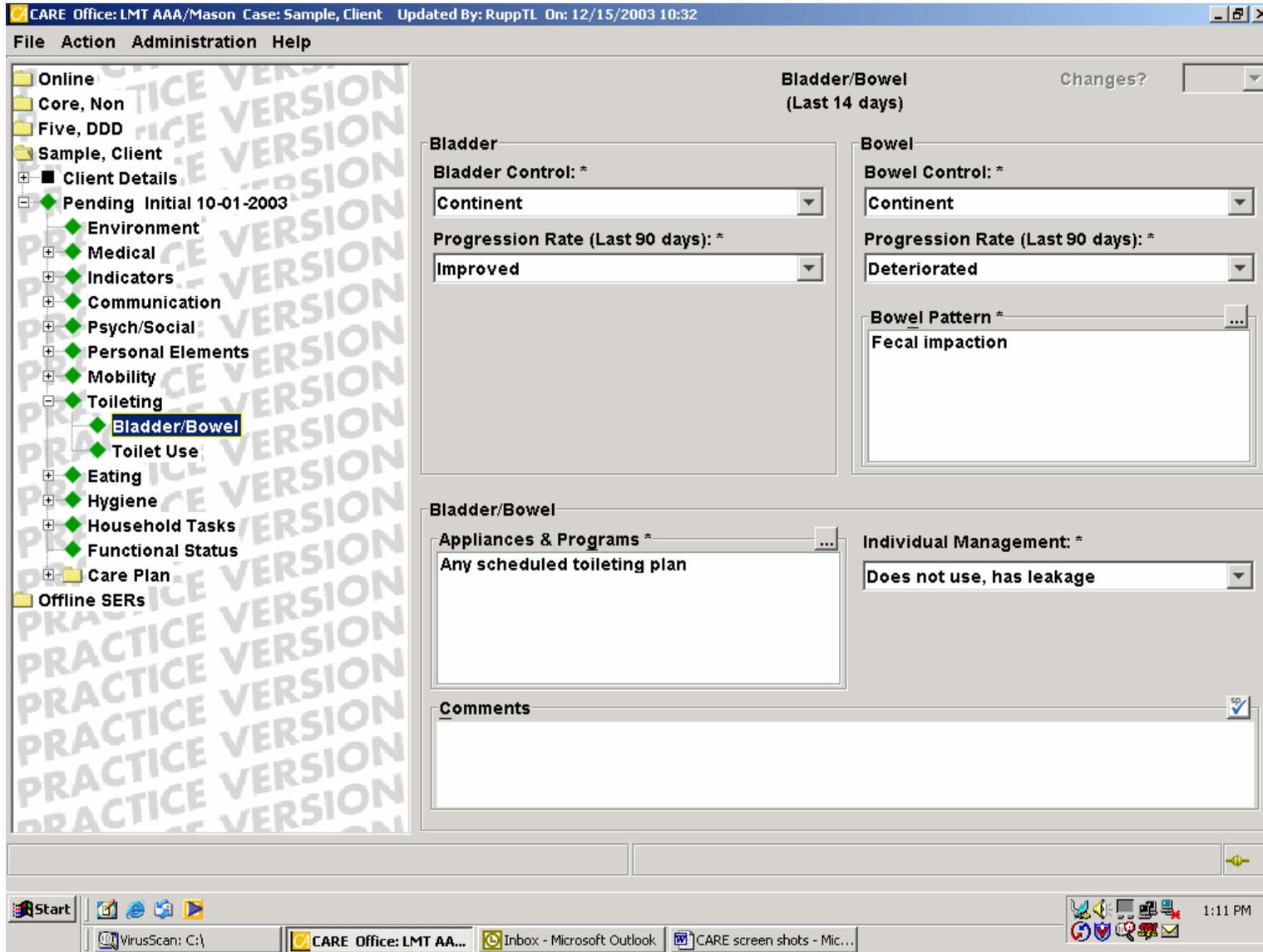
Start | VirusScan: C:\ | CARE Office: LMT AA... | Inbox - Microsoft Outlook | CARE screen shots - Mic... | 1:08 PM











CARE Office: LMT AAA/Mason Case: Sample, Client Updated By: RuppTL On: 04/06/2004 02:39

File Action Administration Help

Online
 Core, Non
 Five, DDD
 Sample, Client
 Client Details
 Pending Initial 10-01-2003
 Environment
 Medical
 Indicators
 Communication
 Psych/Social
 Personal Elements
 Mobility
 Toileting
 Bladder/Bowel
Toilet Use
 Eating
 Hygiene
 Household Tasks
 Functional Status
 Care Plan
 Offline SERs

Toilet Use (Last 7 days) Changes? [v]

Self Performance: *
 Extensive assistance [v]

Status: *
 Partially met [v]

Strengths [...]
 Aware of need to use toilet
 Can assist caregiver with transfer
 Client is cooperative with caregiver
 Will ask for assistance

Support Provided: *
 One person physical assist [v]

Assistance Available: *
 Less than 1/4 of the time [v]

Limitations [...]
 Client attempts task alone
 Urgency

Preferences [...]
 Would like privacy
 Would prefer a female caregiver

Caregiver Instructions [...]
 Put commode near bed at night
 Transfer client on/off toilet

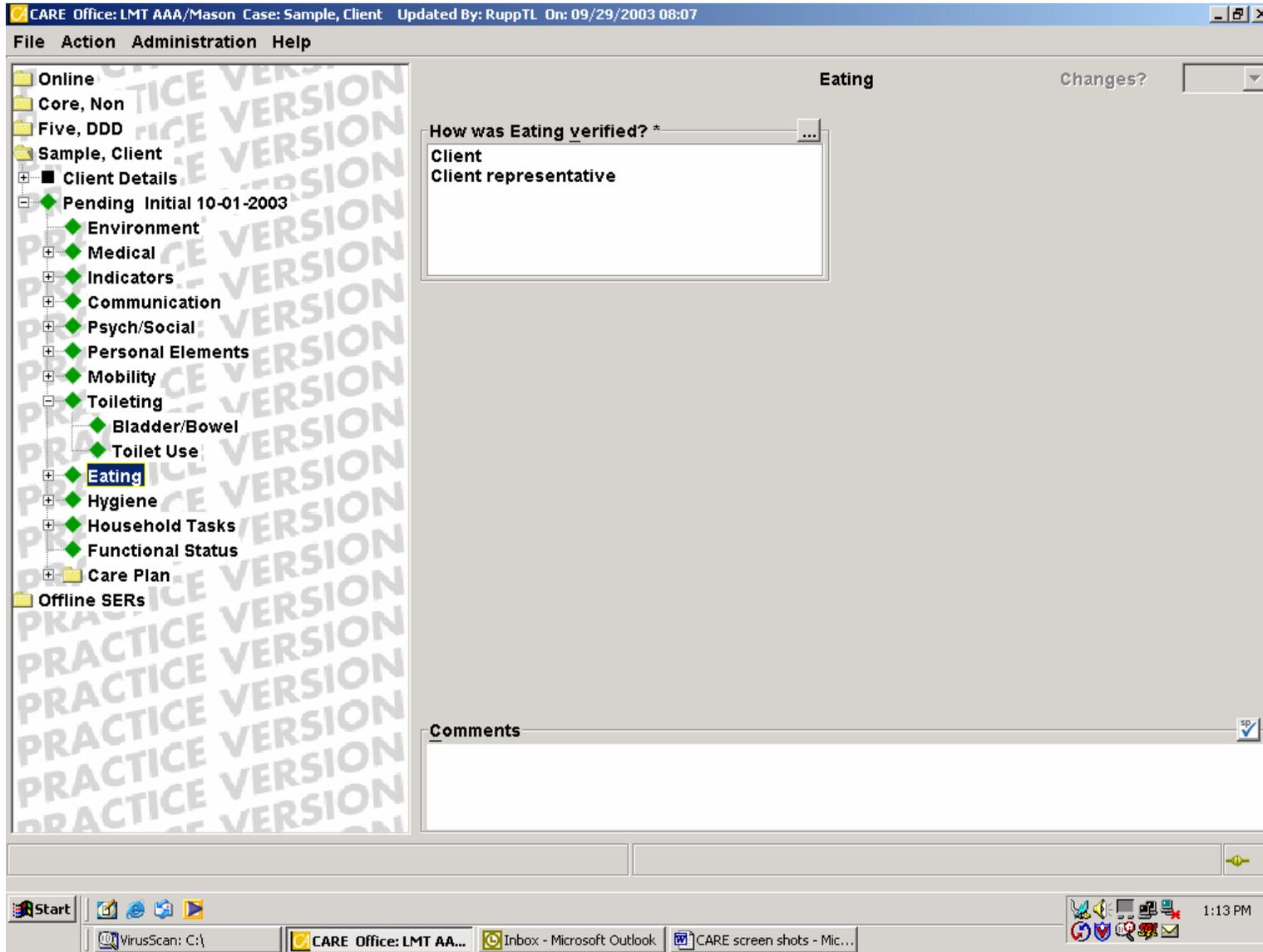
Equipment/Supplies [+ -]

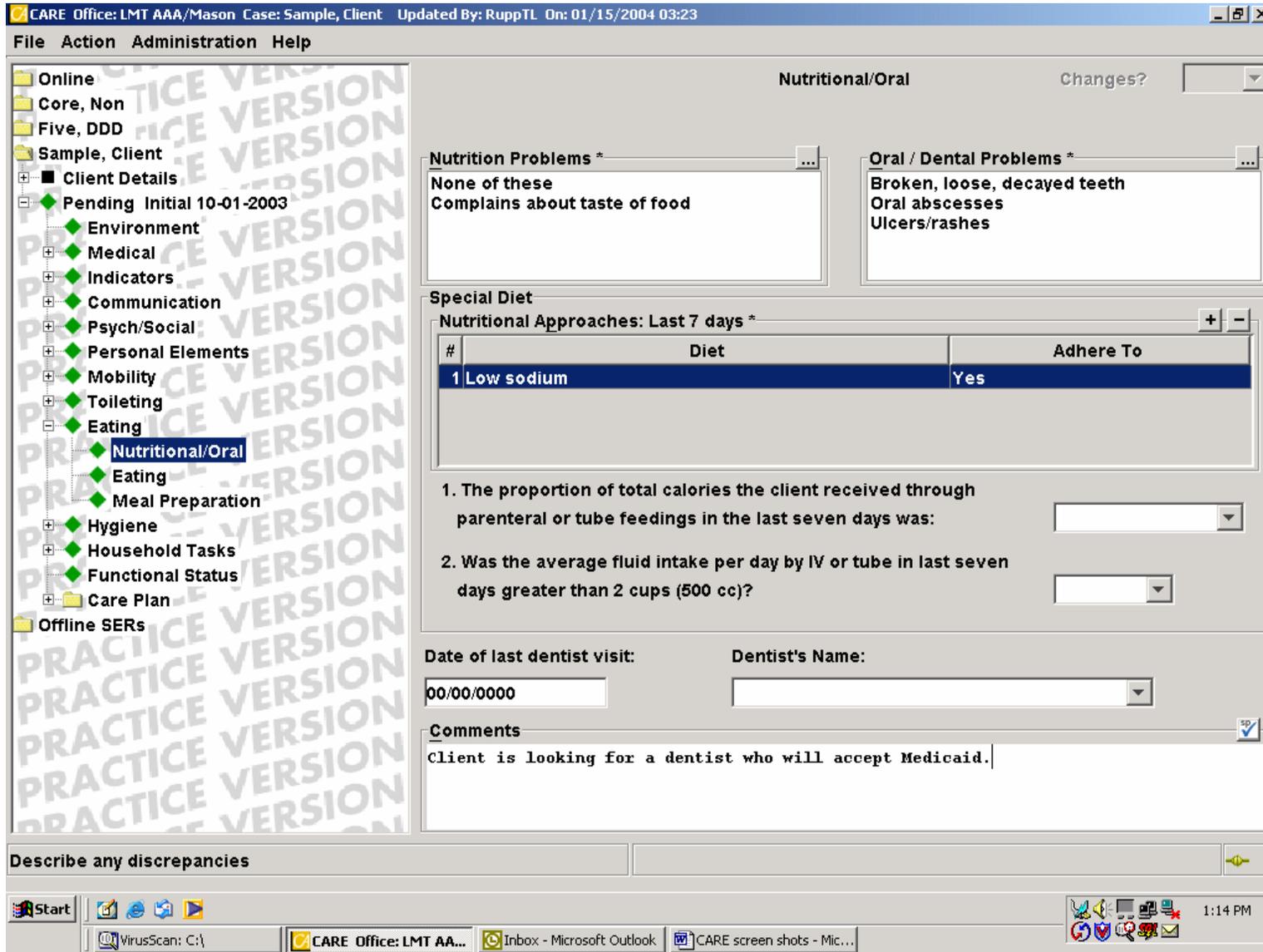
#	Type	Status	Supplier
1	Raised toilet seat	[v]	

Comments [v]
 Cannot use
 Has, doesn't use
 Has, uses
 Has, won't use
 Needs, wants
 Needs, won't use

Indicate if Client has needs/uses [v]

Start | VirusScan: C:\ | CARE Office: LMT AA... | Inbox - Microsoft Outlook | CARE screen shots - Mic... | 1:12 PM





CARE Office: LMT AAA/Mason Case: Sample, Client Updated By: RuppTL On: 04/07/2004 02:47

File Action Administration Help

Online
 Core, Non
 Five, DDD
 Sample, Client
 Client Details
 Pending Initial 10-01-2003
 Environment
 Medical
 Indicators
 Communication
 Psych/Social
 Personal Elements
 Mobility
 Toileting
 Eating
 Nutritional/Oral
 Eating
 Meal Preparation
 Hygiene
 Household Tasks
 Functional Status
 Care Plan
 Offline SERs

Eating (Last 7 days) Changes? [v]

Self Performance: *
 Supervision: [v]
 Status: *
 Partially met

Support Provided: *
 Setup help only
 Assistance Available: *
 Less than 1/4 of the time

Strengths ...
 Client has a good appetite
 Client has own teeth
 Client is cooperative with caregiver
 No swallowing problems

Limitations ...
 Won't eat alone
 Cannot cut food

Preferences ...
 Likes to eat snacks
 Likes to use own recipes
 Prefers small portions

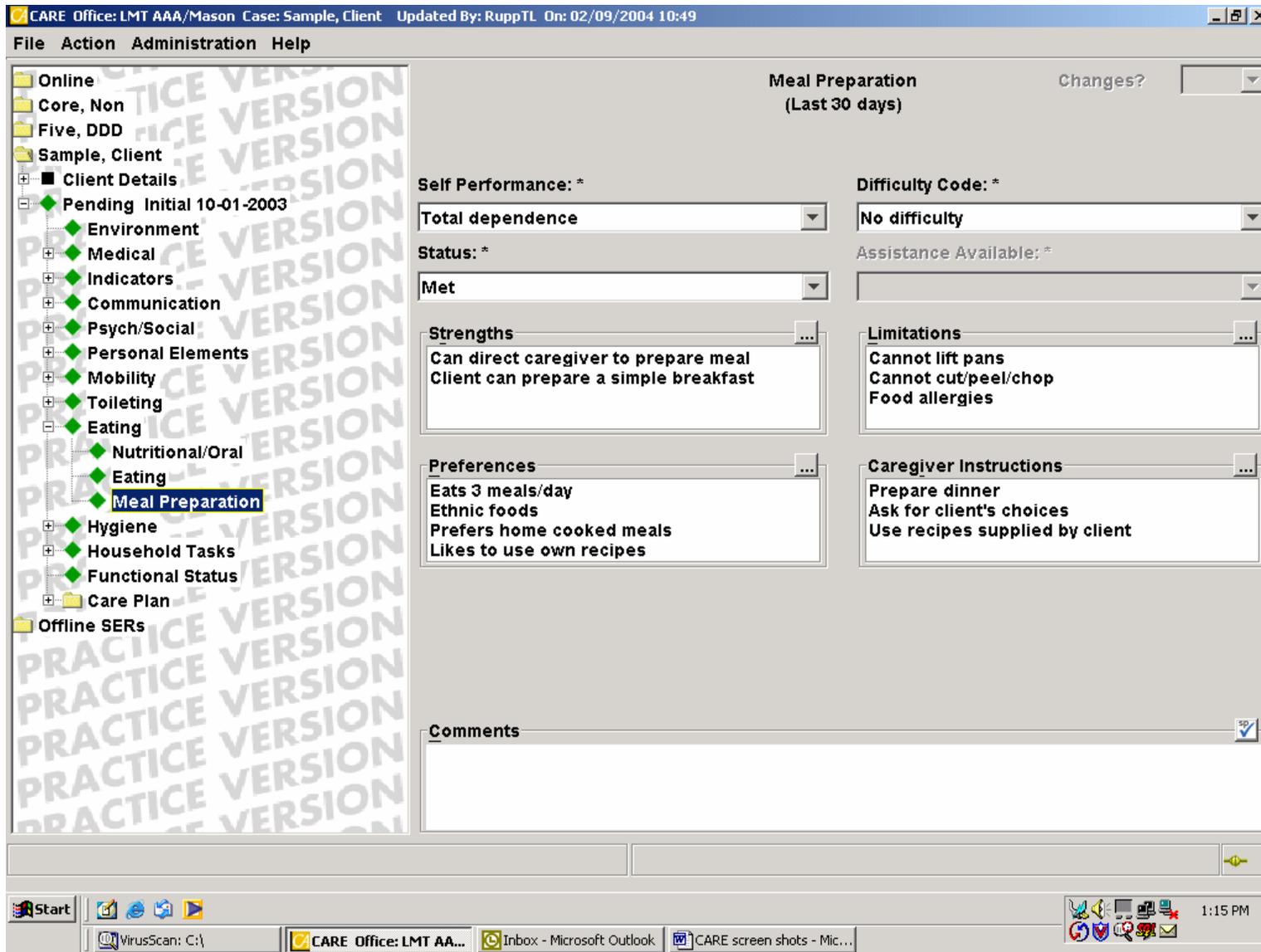
Caregiver Instructions ...
 Cut food into small pieces
 Encourage liquids
 Keep liquids available
 Puree food

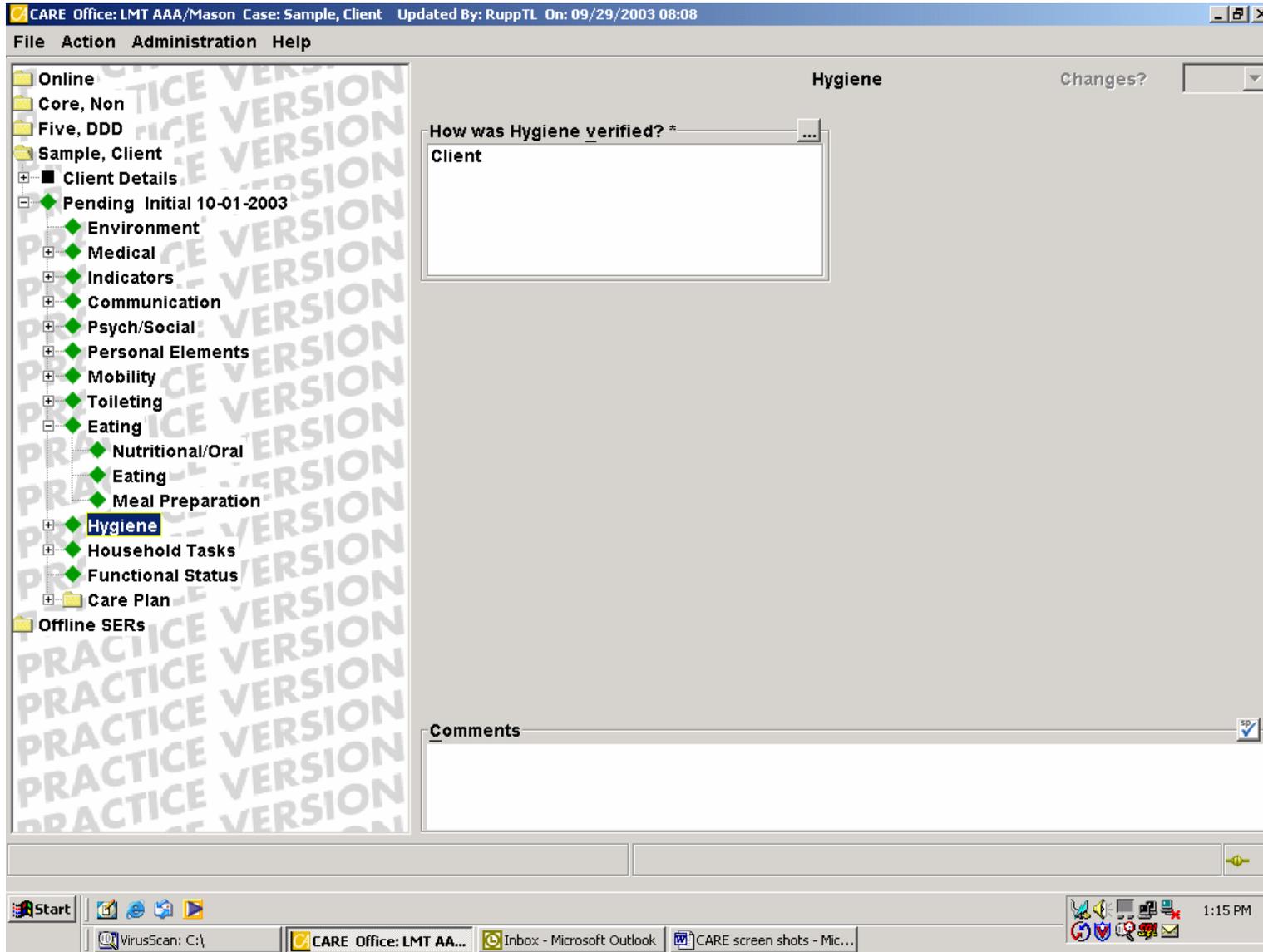
Equipment/Supplies + -

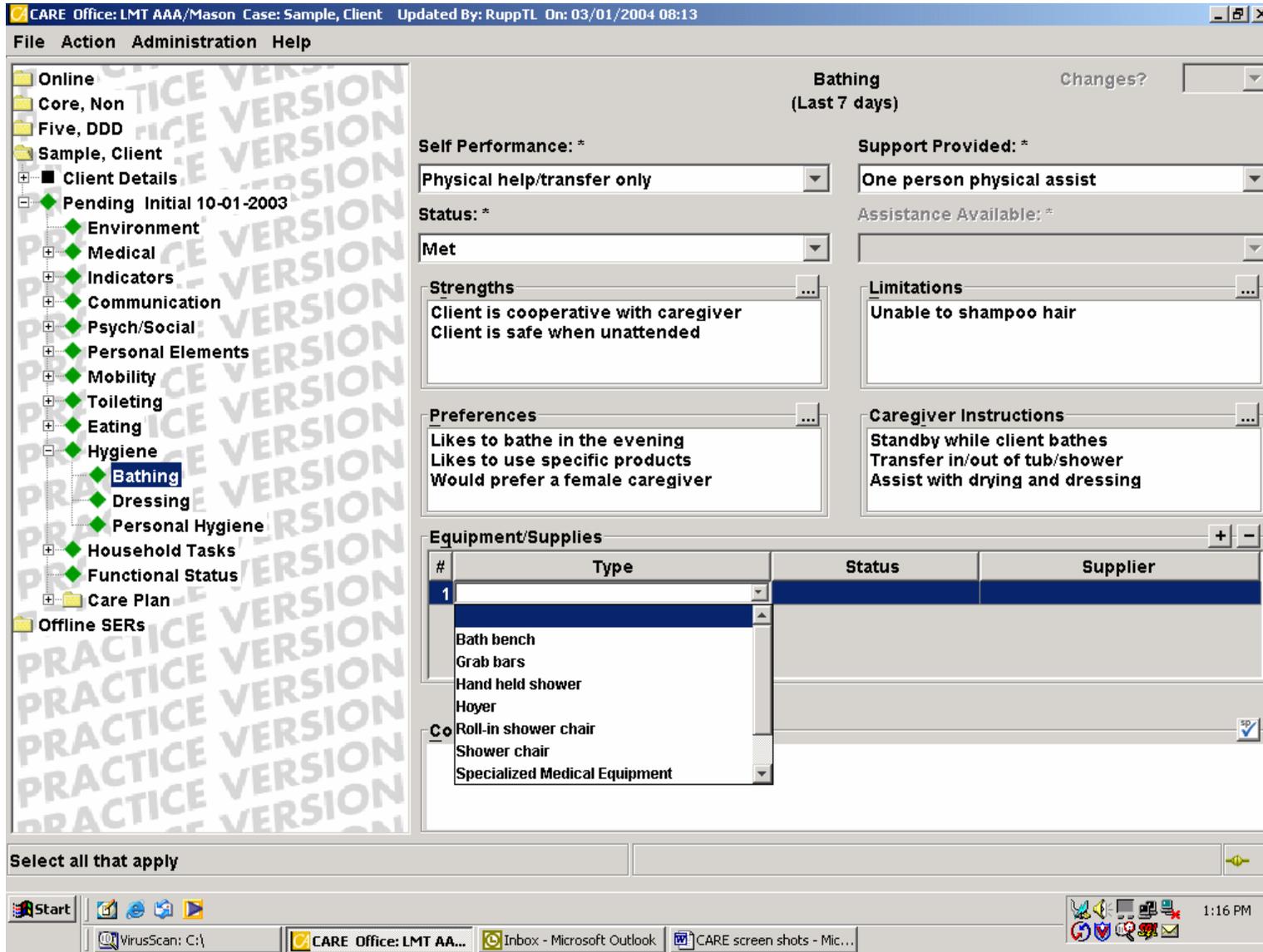
#	Type	Status	Supplier
1			
	Adapted cup		
	Adapted utensils		
	Dentures		
	Gastrostomy tube		
Co	Hickman catheter		
	IV		
	Jejunostomy tube		

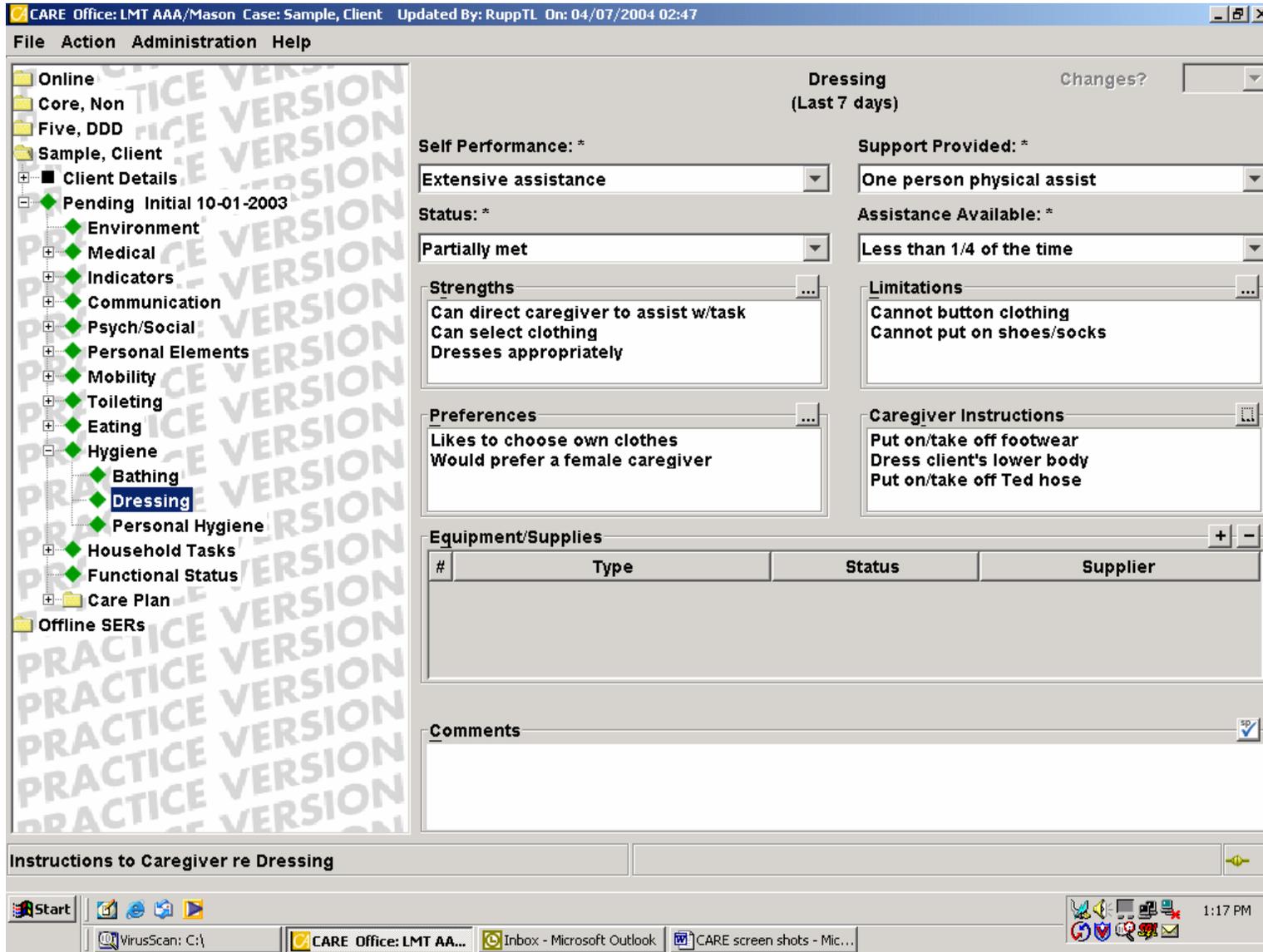
Select all that apply [v]

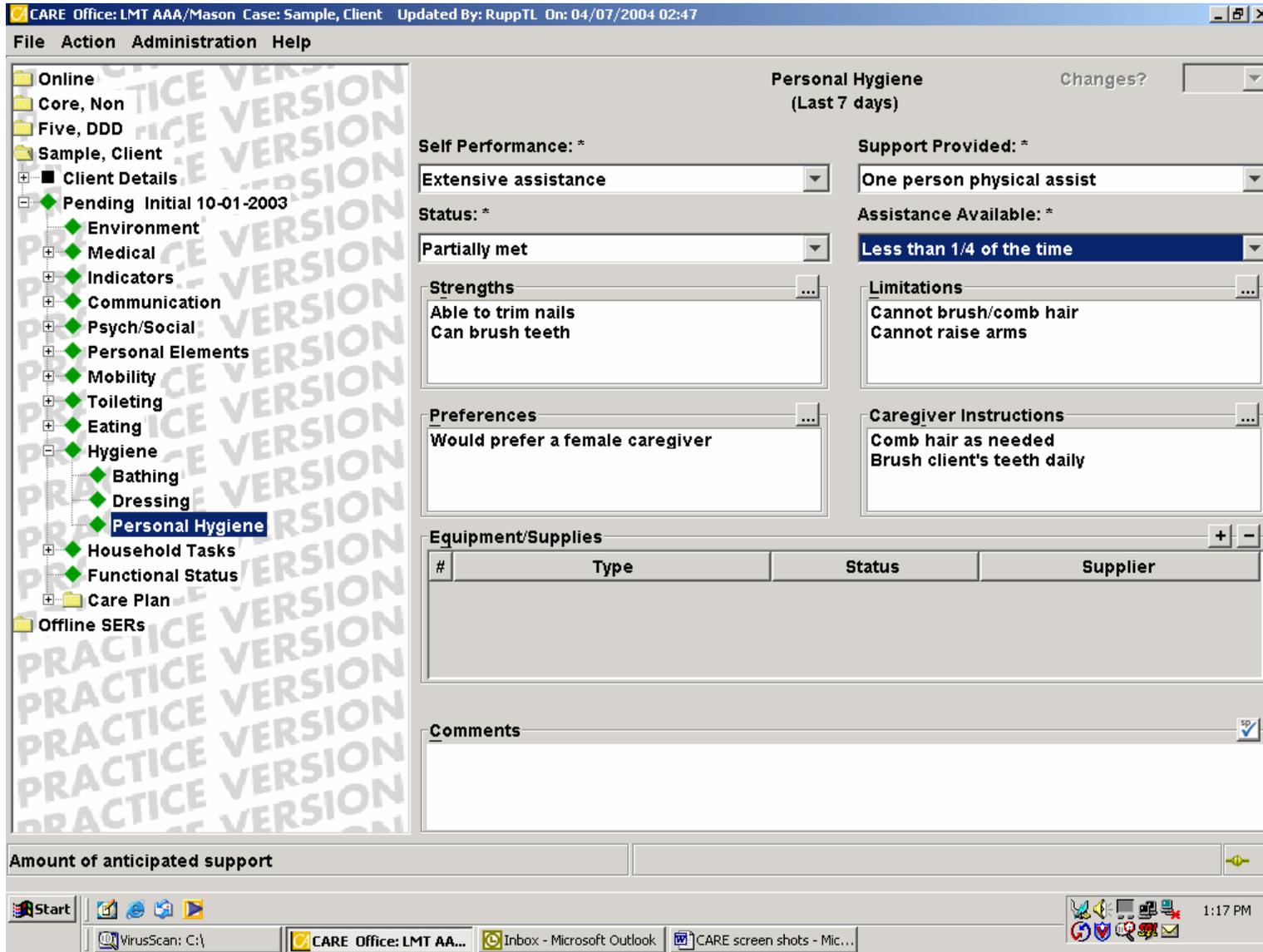
Start | VirusScan: C:\ | CARE Office: LMT AA... | Inbox - Microsoft Outlook | CARE screen shots - Mic... | 1:15 PM

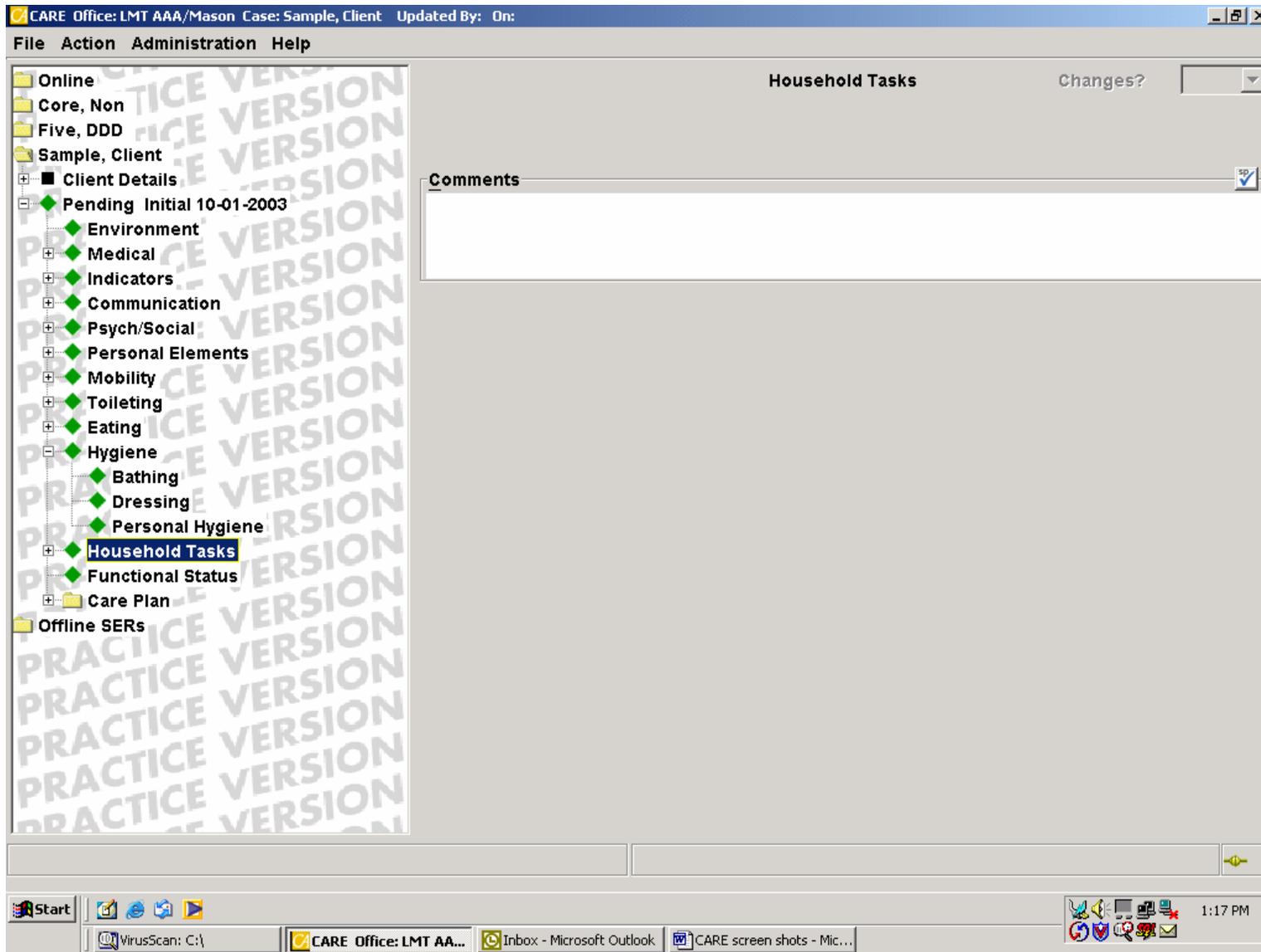


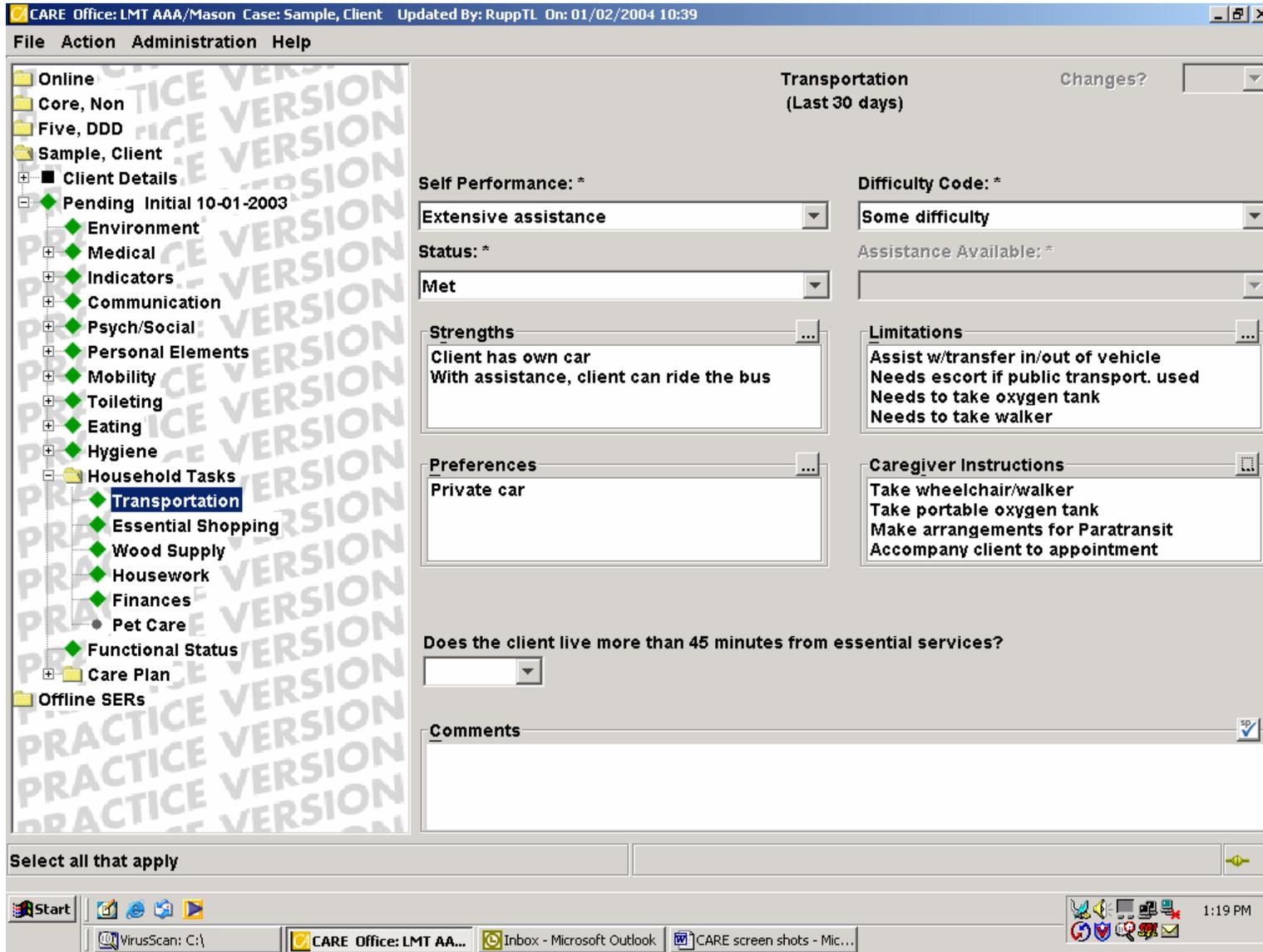


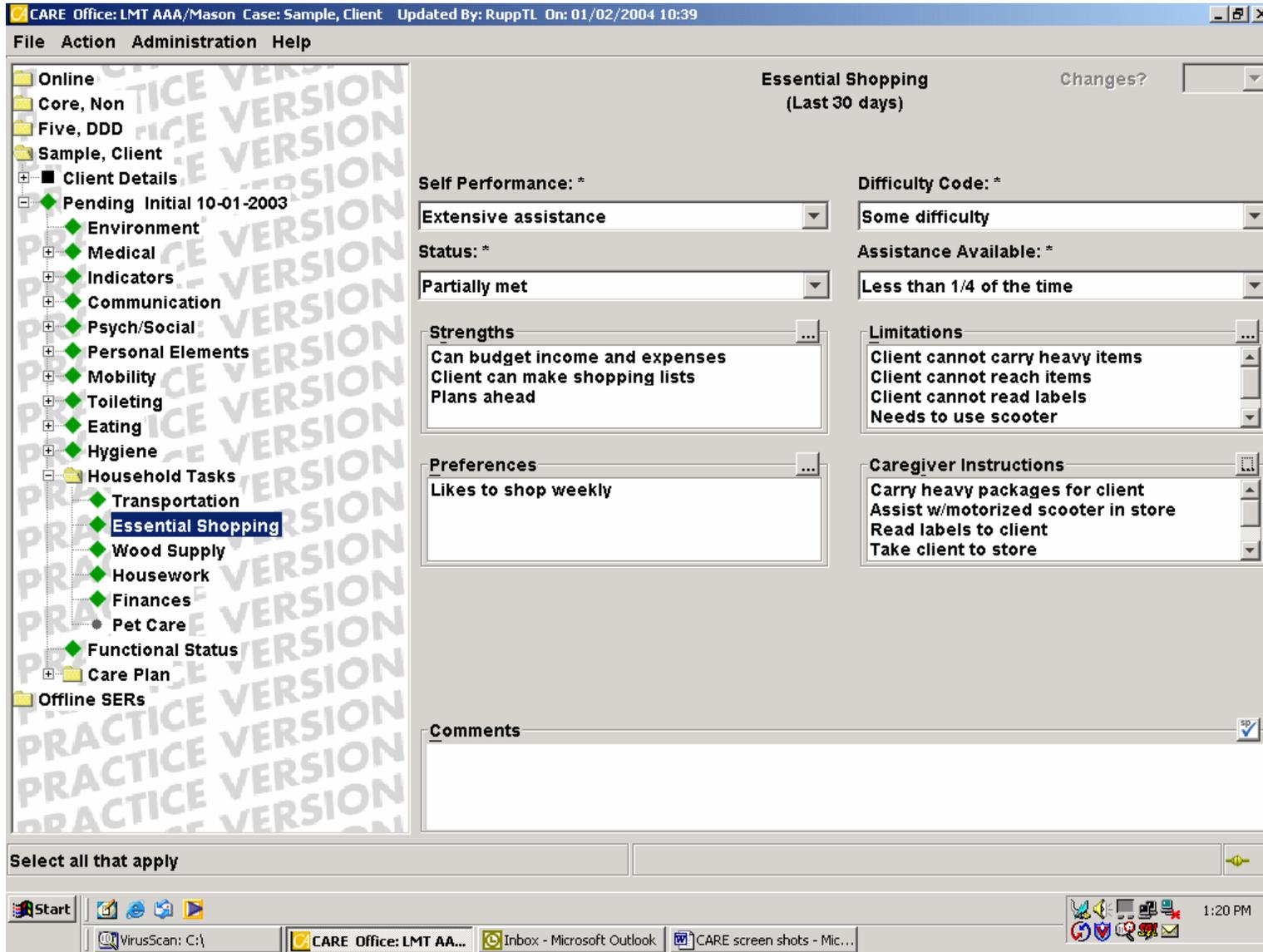


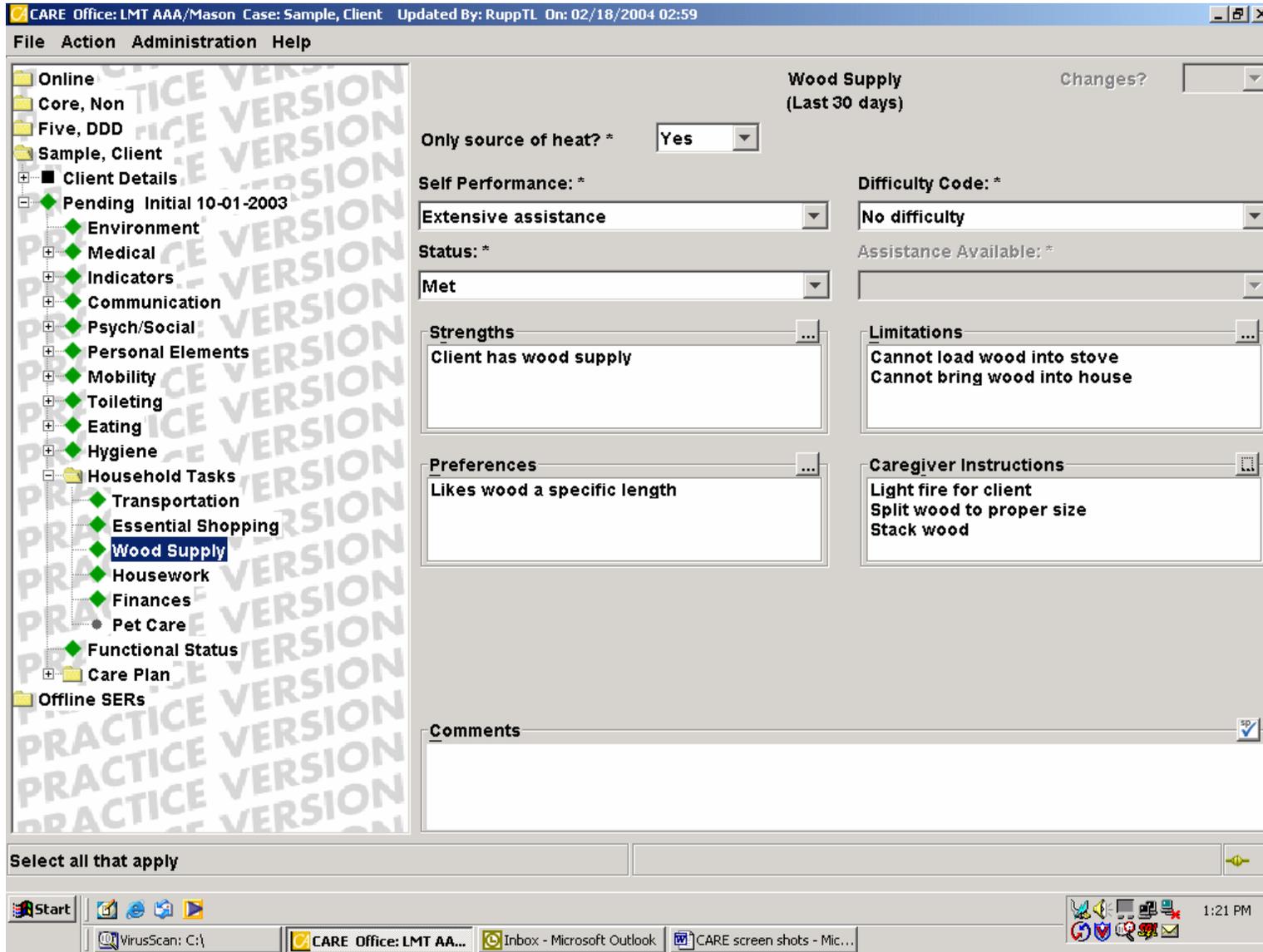


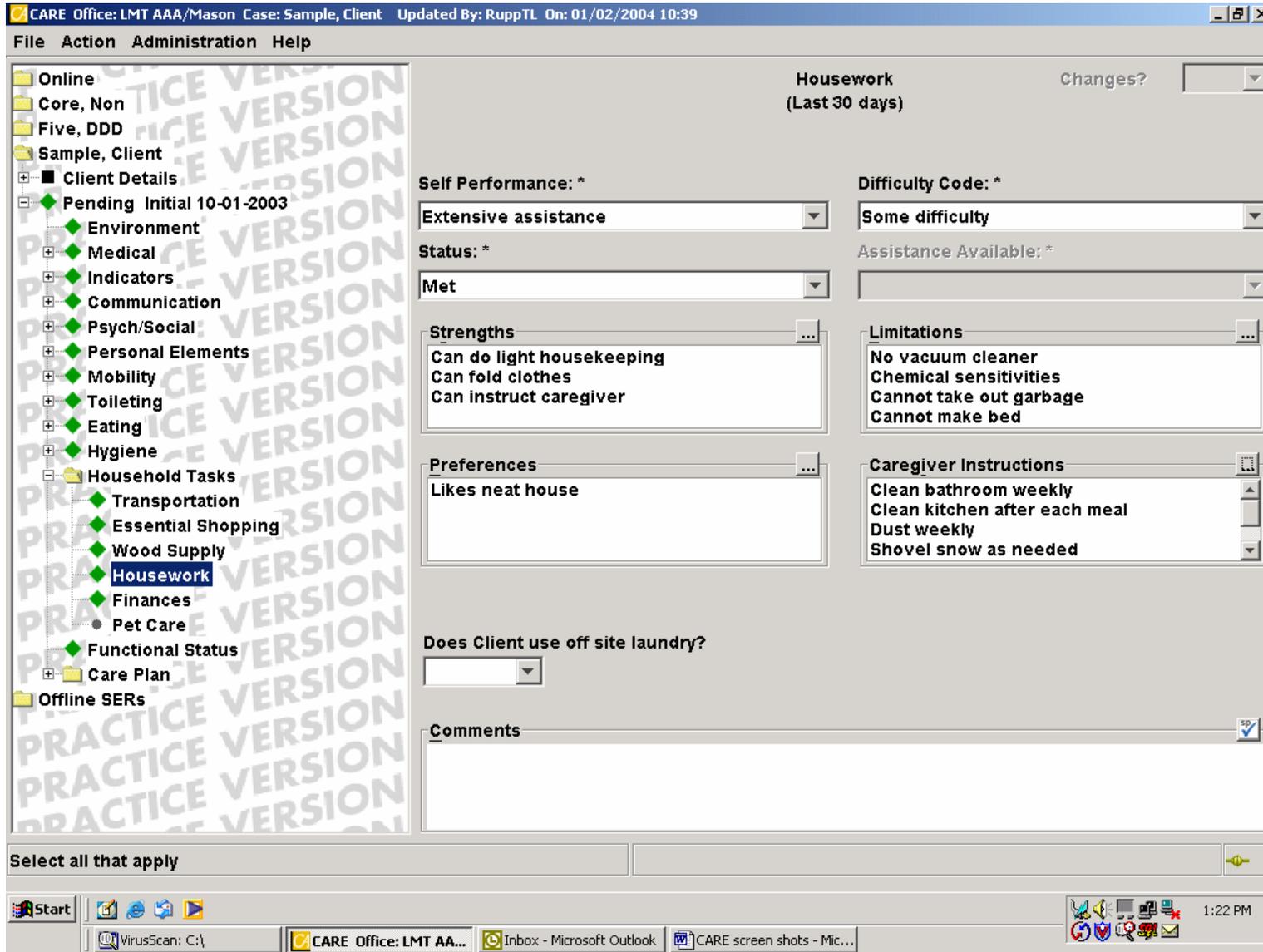


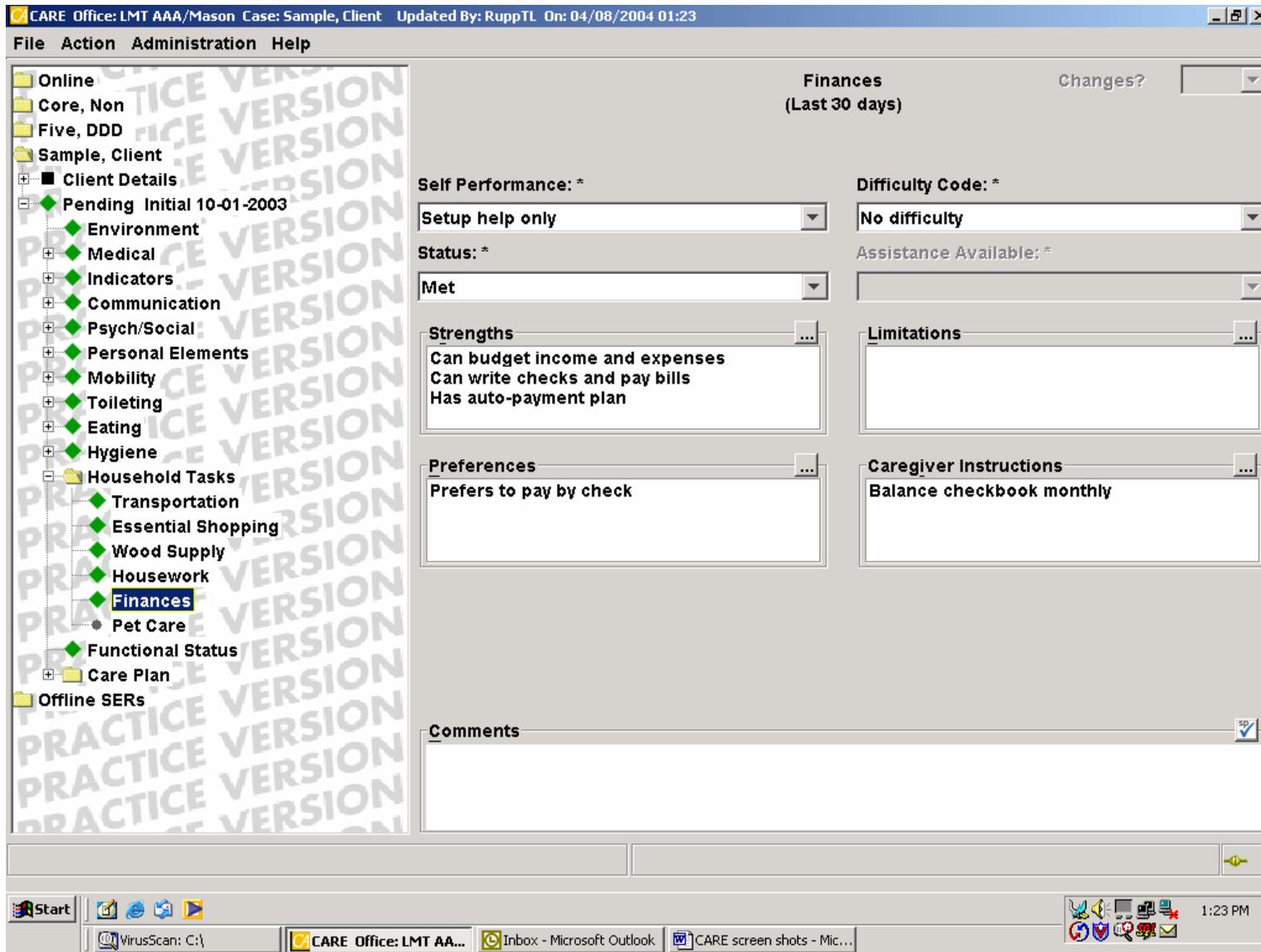


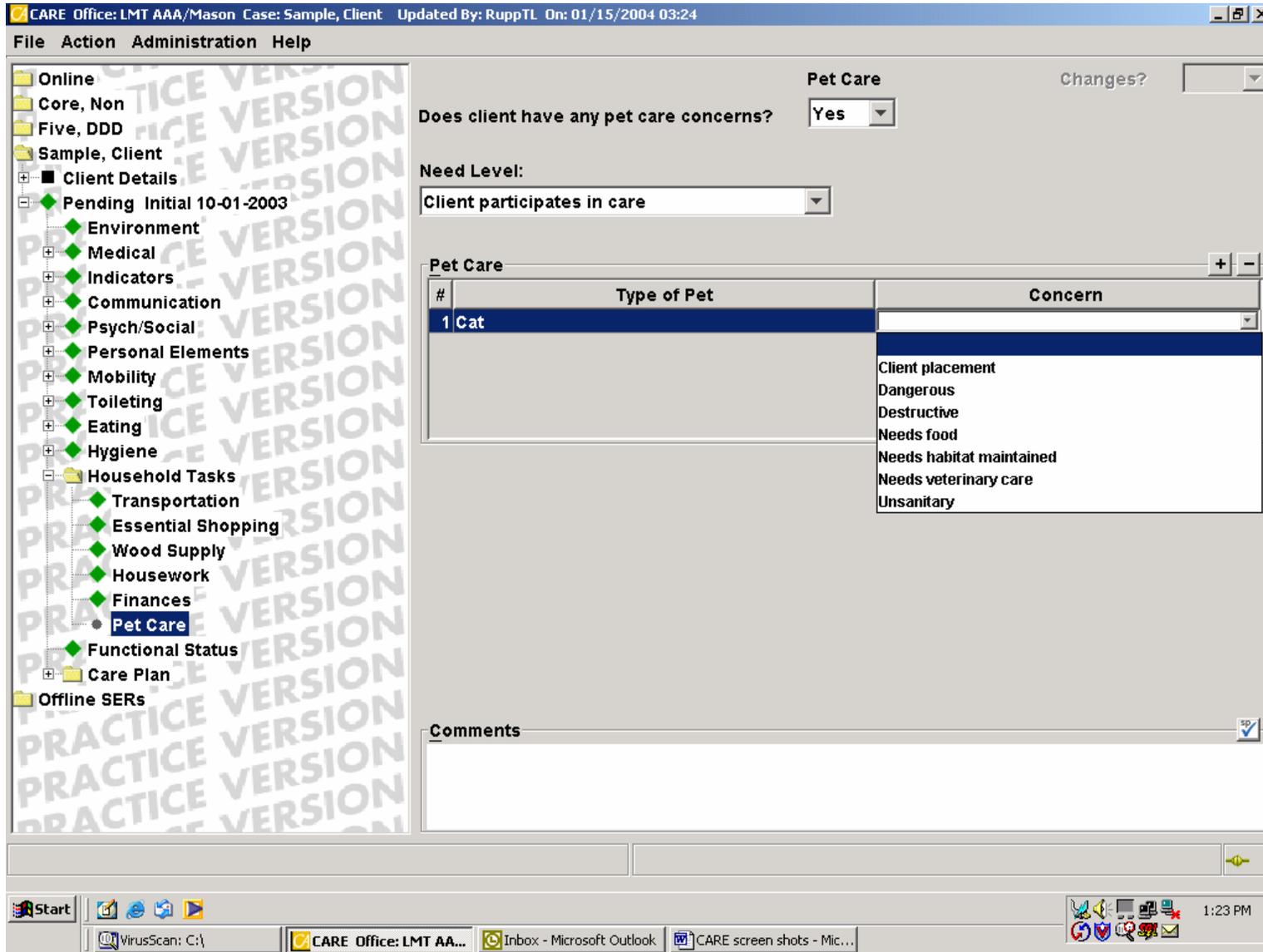


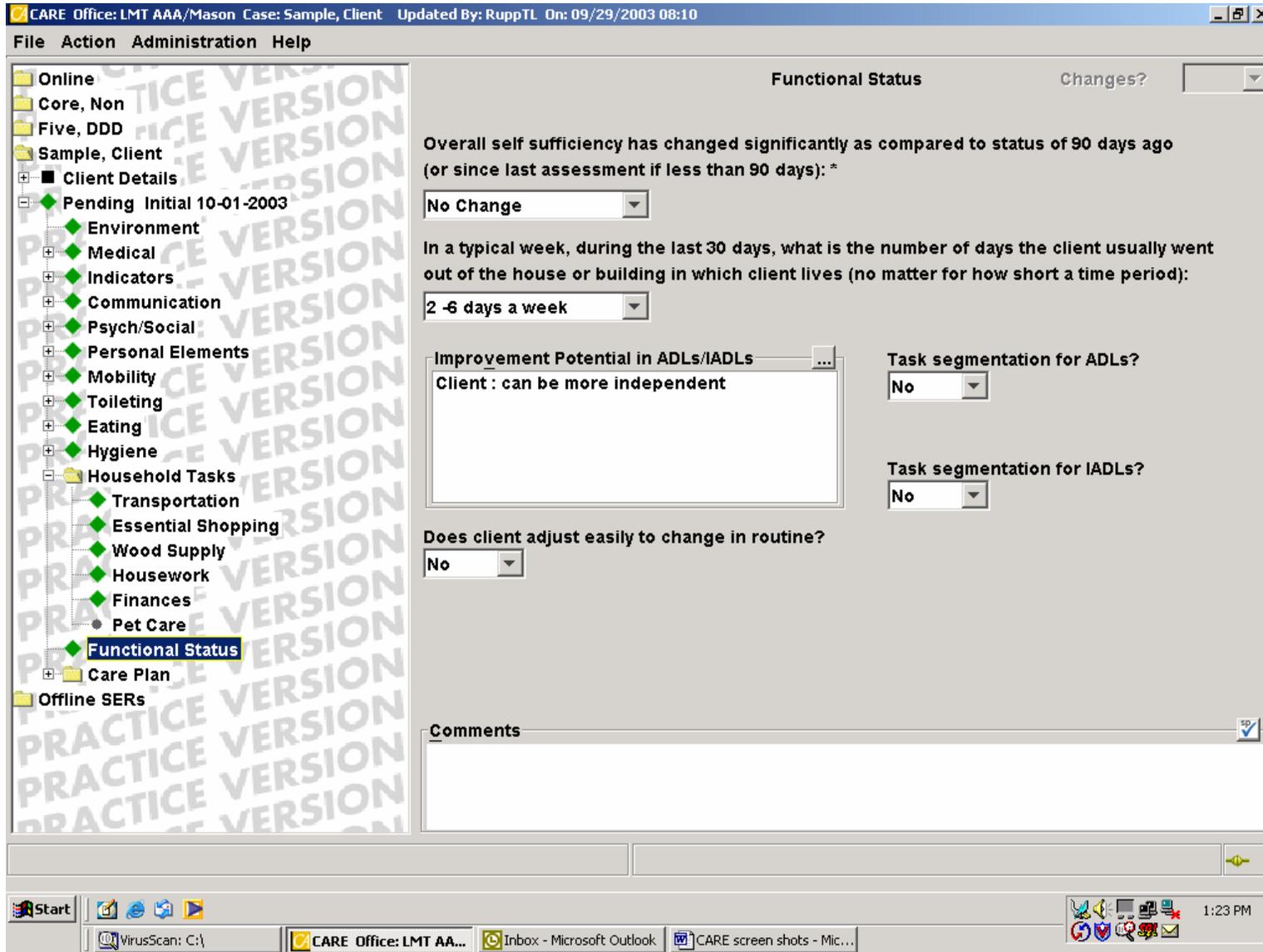


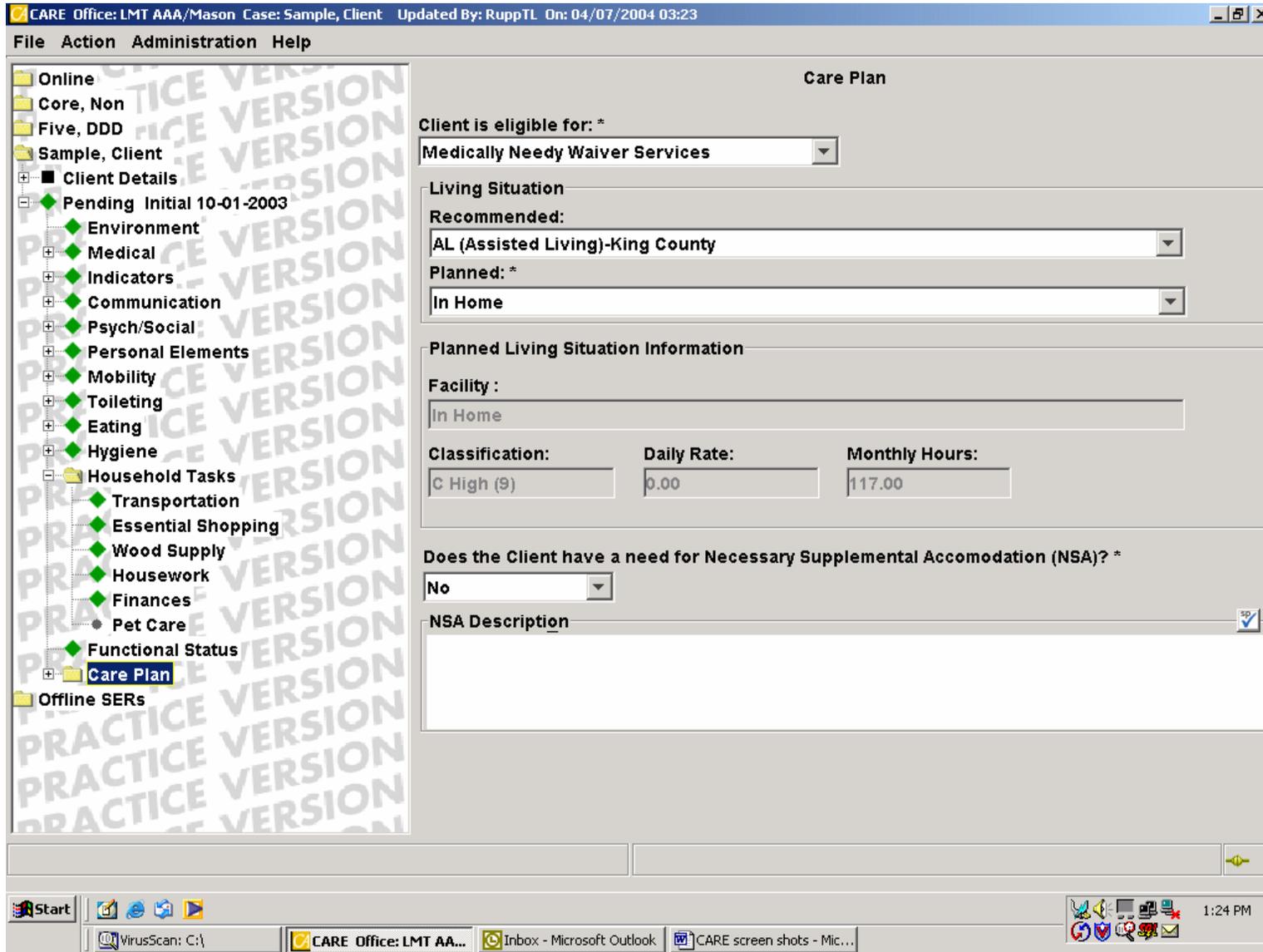


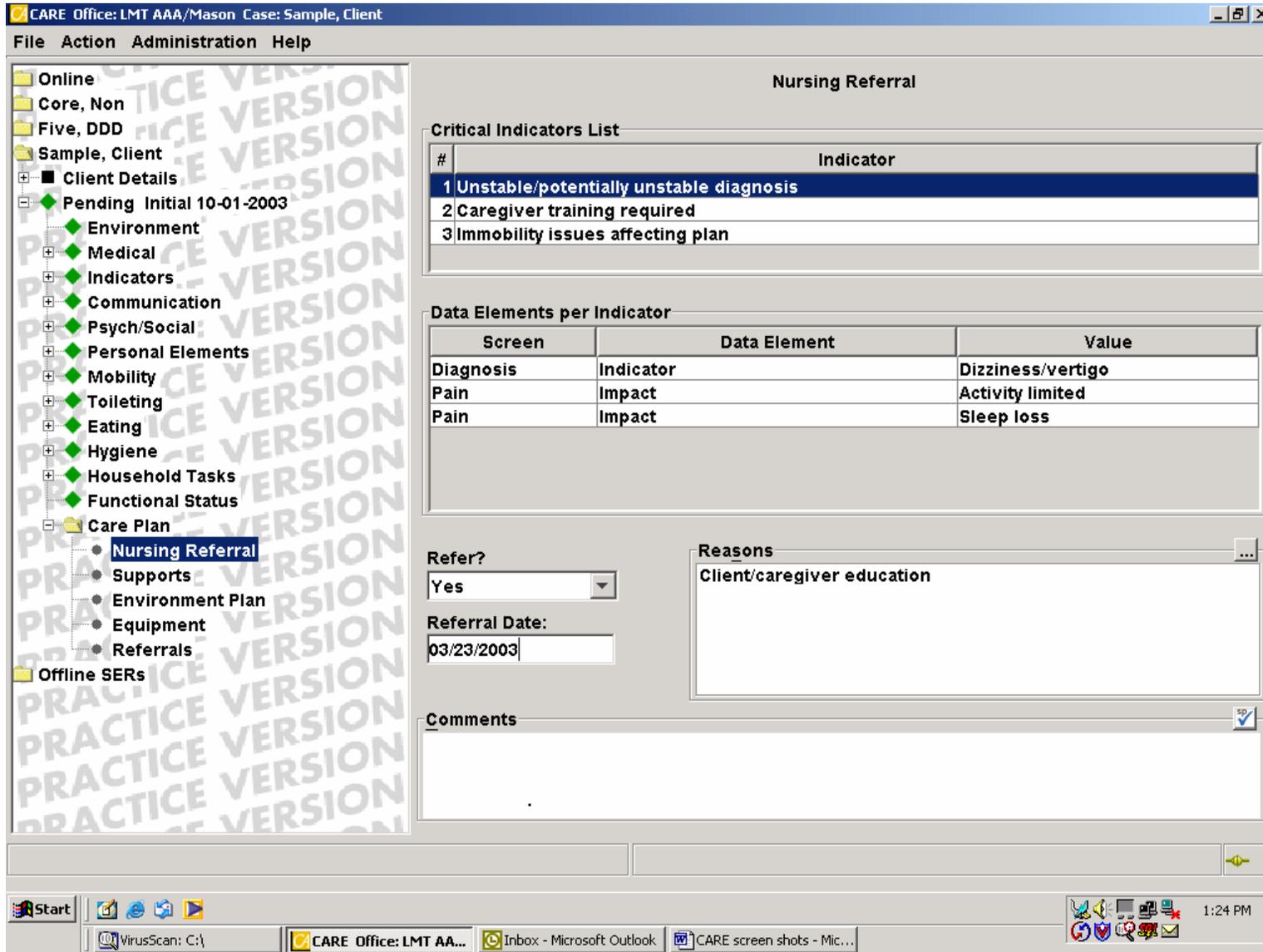












CARE Office: LMT AAA/Mason Case: Sample, Client

File Action Administration Help

Supports

Provider List

#	Paid/Unpaid *	Provider *
1	Paid	MORGAN AMY
2	Unpaid	Daughter, Helpful

Provider's Schedule

#	Day	Time of Day	Start Time	End Time
1	Monday	Day	00:00 AM	00:00 AM
2	Wednesday	Afternoon	00:00 AM	00:00 AM
3	Friday	Day	00:00 AM	00:00 AM

Assigned Needs

- Toileting
 - Toilet Use - P
- Mobility
 - Walk In Room - P
 - Transfers - P
 - Locomotion Outside Room - P
 - Locomotion In Room - P
 - Bed Mobility - P

Unassigned Needs

- Communication
 - Telephone - M
- Eating
 - Eating - P
 - Meal Preparation - M
- FootCare
 - Foot soaks
- Household Tasks

Summary

Start | VirusScan: C:\ | CARE Office: LMT AA... | Inbox - Microsoft Outlook | CARE screen shots - Mic... | 1:25 PM

CARE Office: LMT AAA/Mason Case: Sample, Client Updated By: On:

File Action Administration Help

Environment Plan

Physical/Community Alert Care

#	Concern	Who Acts *	Act By
1	Flooring and carpeting	Client's family	04/01/2004
2	Barriers prevent access	Client's family	00/00/0000
3	No smoke detectors	Client's family	00/00/0000
4	Space heaters used	Client's family	00/00/0000
5	Frequent power outages	Client's family	00/00/0000

Comments

Need should be met by this date.

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CARE Office: LMT AAA/Mason Case: Sample, Client Updated By: RuppTL On: 10/09/2003 01:59

File Action Administration Help

Equipment

Equipment/Supplies

#	Type	Who Acts *	Act By
1	Walker w/seat	Client	04/30/2004
2	Pill crusher	Case Manager/Social Worker	04/01/2004

Comments

null

Start | VirusScan: C:\ | CARE Office: LMT AA... | Inbox - Microsoft Outlook | CARE screen shots - Mic... | 1:27 PM

CARE Office: LMT AAA/Mason Case: Sample, Client Updated By: RuppTL On: 01/15/2004 03:29

File Action Administration Help

Referrals

Does the client refuse non-mandatory case management services?

Referral List

#	Program	Name	Date of Referral
1	Caregiver/Respite	John Smith	03/01/2003
2	Community/Consumer Se...	John Smith	00/00/0000

Referral Detail

Date of Referral: Who Acts:

Name: Program:

Email:

Telephone Numbers

#	Phone Number	Ext	Type
1	(123)121-2312	12121	Mobile
2	(123)121-3213		Work
3	(455)646-5465		Work
4	(123)156-4654	Test	Work

Comments

Start | VirusScan: C:\ | CARE Office: LMT AA... | Inbox - Microsoft Outlook | CARE screen shots - Mic... | 1:27 PM