

Assessment Checklist to Determine the Needs of a Care Receiver Pg. 1 of 3

NAME _____ DATE _____

This form will assist family members or a designated care manager to assess the needs and physical capacity of a care receiver. This will help match the care receiver with a caregiver who has the required skills and abilities.

Ambulation. The care receiver is:

- YES NO Bedridden
- YES NO Able to walk unassisted
- YES NO Uses a cane or a walker (with occasional wheelchair assistance)
- YES NO Dependent on a wheelchair or electric-power chair

Mobility

- YES NO Able to use their arms and hands Full Partial Right hand Left hand
- YES NO Able to use their legs Full Partial Right leg Left leg

Transferring The care receiver requires:

- YES NO Transfers (to a chair, wheelchair, bed, commode/toilet, vehicle, etc.)
- YES NO Lifting skills and strength for heavy lifting
- YES NO Use of a Gait Belt or Kelly Lift

Repositioning (for those who are bedridden or are unable to move unassisted)

- YES NO Requires repositioning every two or three hours

Bathing and personal hygiene. Assistance required with:

- YES NO Bathing (Shower, bath)
- YES NO Brushing teeth
- YES NO Shaving
- YES NO Shampooing hair

Continence

- YES NO The care receiver is incontinent
- YES NO Currently uses disposable pads or pull-ups
- YES NO Pads/pull-ups need monitoring/changing Occasional Frequent

Toileting The care receiver requires:

- YES NO Clothes adjusted before and after toilet use; wiping and cleaning
- YES NO Soiled briefs changed and body cleaned, especially if bedridden

Dressing

- YES NO Able to get clothes from the closet or dresser unassisted
- YES NO Able to dress/undress unassisted
- YES NO Needs assistance with buttoning and/or fastening garments
- YES NO Needs assistance putting on shoes, tying laces or fastening clasps

Assessment Checklist to Determine the Needs of a Care Receiver Pg. 2 of 3

Eating

- YES NO Able to eat unassisted
- YES NO Needs food to be cut into small pieces or mashed
- YES NO Special diet: No salt Soft diet Liquid diet Other _____
- YES NO Needs to be spoon feed or a have a cup (with or without straw) raised to drink

Agitation

- YES NO Gets agitated Occasional Frequent

Confusion and Disorientation

- YES NO Gets confused Occasional Frequent

Cognitive Supervision

- YES NO Care receiver has dementia (Alzheimer's or other form)
(If known) Beginning Stage Mid-Stage Advanced Stage

Medication

- YES NO Medication needs to be administered

Homemaker Services

- YES NO Light house cleaning (wash dishes, laundry, sweep, mop, vacuum)
- YES NO Serve already prepared meals
- YES NO Prepare/cook meals
- YES NO Grocery shop, pick up medication, run job related errands

Transportation

- YES NO The caregiver is required to have a valid driver's license and drive
- YES NO The caregiver is required to have automobile insurance
- YES NO The caregiver can use client's vehicle for work related activities
- YES NO The caregiver will need to use their own vehicle to take client to the doctor, have medical exams, and other job related activities. The caregiver will be reimbursed at the established IRS per-mile rate.

Special Needs Assessment

- YES NO Hard of hearing. Uses hearing aid YES NO
- YES NO Change bandage or dressing
- YES NO Enema Occasional Regular basis
- YES NO Change/clean catheter bag (or condom catheter)
- YES NO Change colostomy bag
- YES NO Oxygen using a tank and cannula

Live-in Care

- Necessary Preferred
- Weekend Regular relief for a live-in caregiver

Shift Options

- Morning: Start _____ End _____ Afternoon: Start _____ End _____
- Evening: Start _____ End _____ Night: Start _____ End _____
- Shifts: 12 hours 24 hours 48 hours

Language(s) The care receiver speaks the following language(s)

Preferences (interests, activities, hobbies)

Strongly dislikes

Additional Comments/Preferences
