

Section 1: Contact Information (Caller)

1. Name:
2. City and state:
3. Phone number:
4. What is the relationship of the system user to you (parent, friend, etc.):
5. User city and state:
6. How did you hear about Healthsense?

Section 2: Resident (user) Information

1. Does the resident live alone?
2. If yes is resident alone more than 4 hours per day?
3. Does anyone make regular visits to the resident (caregiver, meal or grocery delivery, etc.)?
4. Does the resident have someone within 15 minute driving distance that could check on them in the case of an alert from the system? (family member, friend, neighbor, etc.)
5. Type of residence that they currently live in (detached home, apartment, senior community)
6. Is the resident capable of:
 - a. Answering the phone
 - b. Reading and following simple instructions
 - c. Taking medication as directed
 - d. Pressing an emergency call pendant if required
7. Resident mobility
 - a. Uses an assistive device to walk (cane, walker, etc.)?
 - b. Wheelchair bound?
 - c. Bed bound?
 - d. History or risk of falls?
 - e. Does resident leave their home on their own or are they always in the company of another person?

8. Health Conditions
 - a. Memory / Cognitive impairments
 - b. Weight gain/loss issues
 - c. HTN
 - d. CHF
 - e. Diabetes
 - f. COPD
9. What other alternatives have you considered? Discuss the costs and limitations of the other alternatives.

Title: FM-L-0206-00 Resident Assessment Rev: 03Prepared by: Karissa TorntoreApproved by: Ron Denn

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Revision History:

Revision	Date	Description of changes	Requested By
00	26-Jan-10	Initial Release	Terry Barck
01	16-Nov-10	Reformatted	Terry Barck
03	18-March-13	New Logo and New Font	Karissa Torntore