

NAME:

DOB:

DATE:

## Needs Assessment

### Preferred Language

- English
- Chinese
- Korean
- Romanian
- Spanish
- Vietnamese
- Other:

### Communication Challenges

- None
- Aphasia
- Blind
- Deaf
- English as second language
- Non English speaking
- Other:

### Barriers to Learning

- None evident
- Acuity of illness
- Cognitive deficits
- Cultural barrier
- Desire/Motivation
- Difficulty concentrating
- Emotional state
- Financial concerns
- Hearing deficit
- Language barrier
- Literacy
- Memory problems
- Vision impairment
- Other:

### Teaching Method Preferred

- Demonstration
- Explanation
- Printed material
- Video or educational TV
- Other

### Individuals to be Included in Teaching

- Patient
- Mother
- Father
- Foster father
- Foster mother
- Friend
- Grandparent
- Sibling
- Spouse
- Stepfather
- Stepmother
- Step sibling

### Activities needing assistance beyond developmentally appropriate care

- None of the following apply
- Bathing
- Climbing stairs
- Cooking
- Dressing
- Eating
- Grocery shopping
- Grooming
- Housekeeping
- Managing finances
- Taking medicines
- Using the telephone
- Other:

### Factors contributing to limiting your independence?

- Amputation
- Arm/hand tremors
- Cognitive deficit
- Communication barrier
- Difficulty swallowing
- Extremity weakness
- Paralysis
- Unstable gait/balance
- Other:

### Are additional resources needed to assist with care?

- Yes
- No

### Are there any spiritual beliefs, rituals, or customs you wish for us to know?

- Yes
- No
- Unknown

### Information shared regarding spiritual beliefs, rituals, or customs

### Household 1 Members

- Mother
- Father
- Foster family
- Relative
- Sibling
- Stepfather
- Stepmother
- Step sibling
- Other:

### Household 2 Members

- Mother
- Father
- Foster family
- Relative
- Sibling
- Stepfather
- Stepmother
- Step sibling
- Other:

### Legal Guardian

If a legal guardian will not be coming to each visit, a Minors Consent for Treatment is required to authorize whoever accompanies the child.

### Contact Names, Relationship to patient, and Numbers




### Information Given By

- Patient
- Son
- Daughter
- Family
- EMS (Emergency Medical Services)
- Friend
- Guardian
- Parent
- Significant other
- Spouse
- Outpatient provider
- Unable to obtain
- Obtained in preadmission
- Other:

### Patient Preferred Communication Method

- Printed Letter
- Phone Call
- Patient Portal

Reset

Submit