CoxHealth
Springfield, MO
Regional Services

NEEDS ASSESSMENT - ADULT

Patient Name: _____ Date of birth: _____

Date Completed: _____

Primary Language *(What language are you most comfortable speaking?)*

O English O Other
O Spanish Specify other:

How do you best learn?

Verbal or spoken instructions	O yes	O no
Written materials	O yes	O no
Hands-on practice	O yes	O no

Do you have difficulty with any of the following:			
Remembering	O yes	O no	Comments:
Hearing	O yes	O no	Comments:
Vision/seeing	O yes	O no	Comments:
Speaking	O yes	O no	Comments:
Mobility/walking	O yes	O no	Comments:

Do you have any spiritual, cultural or ethnic beliefs that you wish for us to know?	O yes	O no	Comments:
Does anyone assist you with routine daily care activities such as dressing, moving about, meal preparation, or personal hygiene?	O yes	O no	Comments:
Are you a caregiver to anyone with any of the activities described above?	O yes	O no	Comments:
Do you live alone?	O yes	O no	Comments:
Do you need information on Advance Directives and/or Power of Attorney?	O yes	O no	Comments:
Do you have a family member you wish to involve in your care?	O yes	O no	Comments:

Family Member Name(s):	Telephone Numbers to contact:

Form Completed by	Name:
O Patient O Other; specify relationship to patient	*(Please print)*

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Risk Factors

Current Tobacco Use?	O yes	O no	O declined to answer
If yes, year started? _____			
O cigarettes	Amt: _____ packs/day		
O cigars	Amt: _____ # per week		
O smokeless/chewing	Amt: _____ per day		
Counseled to quit/cut down	O yes	O no	
Passive smoke exposure?	O yes	O no	
Alcohol use?	O yes	O no	O declined to answer
If yes, average # of drinks/week	_____		
Type of alcohol used?	_____		
Drinks per day	O Rare	O 0	O 0-1	O 1
	O 2	O 3	O 4	O 4+

Has patient ever:

Felt need to cut down	O yes	O no	Comments:
Been annoyed by complaints	O yes	O no	
Felt guilty re: drinking	O yes	O no	
Needed an eye opener in the a.m.	O yes	O no	

Any Substance Abuse/Illicit Drug use?	O yes	O no	O declined to answer
Substance, specify	_____		
Comments:			