Over fifty years of service to Manitobans | Aider les gens à mener une vie active et autonome
Helping people to live active and independent lives | Plus de cinquante années au service des Manitobains

101 – 1601 Buffalo Place
Winnipeg, MB R3T 3K7
www.ctsinc.mb.ca
Fax: (204) 942-1428
Phone: (204) 949-0533

Community Therapy SERVICES

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Winnipeg, MB R3T 3K7
www.ctsinc.mb.ca
Fax: (204) 942-1428
Phone: (204) 949-0533

HOME CARE ASSESSMENT FORM

NAME:_____

CTS#:_____DOB:_____

ADDRESS: _____

_____

PHONE #: _____

PHIN:_____MHSC: _____

DATE: _____

THERAPIST: _____

P1 P2 P3 T/L

☐ 2 Client Identifiers confirmed
☐ H.C. Identification Record completed
☐ Client consent/assent received
☐ CTS Confidentiality Handout provided

DOCTOR:_____ **CASE COORDINATOR:** _____

In attendance: _____

NEXT OF KIN / CONTACT: _____

REASON FOR REFERRAL: _____

DIAGNOSIS AND MEDICAL HISTORY: _____

_____

_____

Height:

Weight:

HOME ENVIRONMENT

☐ House: ☐ *Bungalow* ☐ *1.5-Story* ☐ *2-Story* ☐ *Duplex* ☐ *Split* ☐ *Bi-Level* ☐ Owned

☐ Condo ☐ Apartment ☐ Assisted Living ☐ Group Home ☐ Retirement Residence ☐ 55+ ☐ Rented

Bedrooms:_____ ☐ Hard Flooring _____

Bathrooms:_____ ☐ Carpet _____

Access: ☐ Stairs_____ ☐ Railing(s) _____

☐ Ramp_____ ☐ Lift / Elevator _____

Indoor Stairs: _____

Lives With: _____

SUPPORTS AND FUNDING

☐ HOME CARE / ☐ SFMC / ☐ PRIVATE_____ ☐ DIALYSIS _____

☐ AM _____ ☐ AGENCY _____

☐ Lunch _____ ☐ PGT _____

☐ Supper _____ ☐ NIHB _____

☐ HS _____

☐ Respite _____

☐ NURSING_____ ☐ EIA _____

☐ OTHER _____

COMMUNICATION AND COGNITIVE STATUS

☐ English ☐ Alert ☐ Vision impaired ☐ Eyeglasses

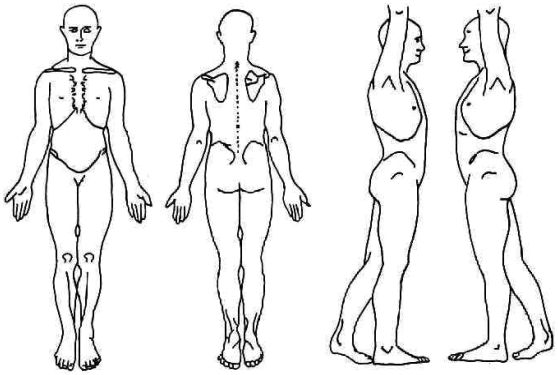
☐ Other Language ☐ Oriented ☐ Hearing Impaired ☐ Hearing Aids: ☐ *Bilateral* ☐ *Left* ☐ *Right*

_____ ☐ Able to Follow Directions ☐ Lifeline: ☐ *Bracelet* ☐ *Necklace*

CLIENT NAME: _____ PHIN: _____

PHYSICAL STATUS

SKIN INTEGRITY: ☐ Intact ☐ Stage 1 ☐ Stage 2 ☐ Stage 3 ☐ Stage 4 ☐ Unstageable



_____

_____

_____

_____

History of skin breakdown: ☐ No ☐ Yes _____

_____

_____

_____

JOINT	Left	Right
Shoulders		
Elbows		
Wrists		
Hips		
Knees		
Ankles		

UPPER EXT: _____ SPINE: _____

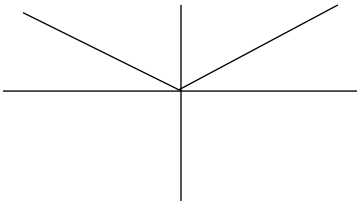
_____ _____

_____ _____

LOWER EXT: _____

_____

_____



PAIN / SWELLING: _____

BRACES / SPLINTS: _____

RESPIRATORY STATUS: ☐ SOBOE ☐ O2_____L ☐ BIPAP ☐ CPAP _____

CLIENT NAME: _____ PHIN: _____

FUNCTIONAL STATUS

MOBILITY

Ambulation	Gait: ☐ Unaided ☐ Cane (standard / quad) ☐ Walker (standard / 2ww / 4ww / gutter)				
Balance	Standing balance: ☐ Steady ☐ Inconsistent ☐ Unsteady ☐ Requires support Berg Balance:			**Fall History**	
Stair Management					
Wheelchair	*Funder* ☐ MWP ☐ NIHB ☐ Private ☐ Other:	*Type* ☐ Manual ☐ Power ☐ Tilt ☐ Scooter ☐ Trans.Ch	*Model & Seating* *W/C dimensions* SW: SD: STFH: BH:	*Propulsion* ☐ Assisted ☐ Partially Ind. ☐ Independent ☐ Hands ☐ Feet	*Client:* Hips: Thigh: Leg: Back:
	Concerns:				

TRANSFERS / ENVIRONMENT

General Transfer Information	☐ Independent ☐ Supervision ☐ 1-assist ☐ 2-assist	☐ Standing ☐ Sliding	☐ Transfer belt ☐ Sliding board ☐ Pole / rail	☐ Sit-Stand lift ☐ Floor lift ☐ Standard ☐ Advance	☐ Overhead lift ☐ Pressure fit ☐ Ceiling mount ☐ Wall mount ☐ Free standing	*Slings* Size: Model: Quantity:

Tub Threshold height:	*Type* ☐ Shower ☐ Bath ☐ Curtain ☐ Sliding doors ☐ Stand-alone ☐ Wheel-in ☐ Full surround ☐ Tile surround	*Equipment* ☐ Bath Seat (back / no back) ☐ TTB ☐ Bath board ☐ Bath lift ☐ Commode ☐ Built-in / flip down ☐ HHSH ☐ Non-slip mat	*Location* ☐ Main bath ☐ Ensuite ☐ Other ☐ Clamp-on rail ☐ Transfer pole ☐ Grab bars:	*Transfer / Hygiene care*	☐ Unable/declined ☐ Not assessed
Toilet Seat Height:	*Type* ☐ Standard toilet (round/elongated) ☐ Commode ☐ Bariatric ☐ Wheeled ☐ Stationary ☐ WRHA ☐ Private	*Equipment* ☐ RTS ☐ OATB ☐ Clamp-on tub rail ☐ Grab bars:	*Location* ☐ Main bath ☐ Ensuite ☐ Bedside *Method* ☐ Catheter ☐ Tabbed brief ☐ Pull-up brief ☐ Pads	*Transfer / Hygiene care* ☐ Continent ☐ Incontinent	☐ Unable/declined ☐ Not assessed ☐ Brief changes:
Bed Width/size:	*Type* ☐ Etude bed ☐ Other WRHA ☐ Standard bed ☐ Private adjust. Mattress:	*Equipment* ☐ Bed rail – x. ☐ 1/4 ☐ 1/2 ☐ 3/4 ☐ Transfer pole ☐ Trapeze bar ☐ Repositioning sling ☐ TSS ☐ Sliders	*Sleeps* ☐ Alone ☐ With partner ☐ Left side of bed ☐ Right side of bed (supine perspective) ☐ Overbed table	*Transfer / Mobility* Legs in/out: Left roll: Right roll: Shift: Move up: Lie to Sit: Sit to Lie: Sit to stand: Stand to sit:	☐ Unable/declined ☐ Not assessed
Chair / Sofa	☐ Lift chair				☐ Unable/declined ☐ Not assessed

ADL / IADL

Medications	☐ Independent ☐ Assisted ☐ Locked	☐ Blister Pack ☐ Dosette ☐ Bottles	*Notes:*		
Dressing	☐ Independent ☐ Assisted	*Notes:*	*Top:*	*Bottoms:*	*Socks / shoes:*
Grooming / Hygiene	☐ Independent ☐ Assisted	☐ Own dentition ☐ Dentures – full / part.	*Other:* *(e.g. oral hygiene, hair, shaving, deodorant, make-up, etc.)*		
Feeding	☐ Independent ☐ Assisted ☐ Set-up only	*Notes:*			

Meal Preparation
☐ Independent ☐ Microwave ☐ Oven/stove ☐ Toaster ☐ Kettle
☐ Assisted ☐ Home Care ☐ Family/friend ☐ Facility ☐ BMP

Groceries
☐ Independent ☐ In-store ☐ Online
☐ Assisted

Housekeeping
☐ Independent
☐ Assisted ☐ H.C. ☐ Facility ☐ Family/friend

Laundry
☐ Independent
☐ Assisted ☐ H.C. ☐ Facility ☐ Family/friend

Banking	☐ In person – independent	☐ Assisted	☐ Online/telephone
Transportation	☐ Own vehicle ☐ Family/friend vehicle	☐ Taxi ☐ Accessible taxi	☐ Public Transit ☐ Transit Plus

☐ Supervise ToFrom Lie-Sit
☐ Supervise Transfer
☐ Supervise Sliding Board
☐ Supervise Walking
☐ Supervise Walking w Aid
☐ Supervise Toilet Transfer
☐ Supervise InOut Bath
☐ Move Client in Wheelchair
☐ Supervise Stairs

☐ 1A Walking w Belt
☐ 1A Walking w Belt & Aid

☐ 1A ToFrom Lie-Sit
☐ 1A Sliding Board w Belt
☐ 1A Transfer w Belt
☐ 1A S-S Lift
☐ 1A Floor Lift
☐ 2A Floor Lift
☐ 1A Overhead Lift
☐ 2A Overhead Lift

☐ 1A Bed Position w Sliders
☐ 2A Bed Position w Sliders

☐ 1A OnOff Toilet w Belt
☐ 1A OnOff Toilet w S-S Lift
☐ 1A OnOff Toilet w Fl Lift
☐ 2A OnOff Toilet w Fl Lift
☐ 1A OnOff Toilet w Overhead
☐ 2A OnOff Toilet w Overhead

☐ 1A OnOff Bath Seat w Belt
☐ 1A OnOff Bath Bench w Belt
☐ 1A OnOff Bath Board w Belt
☐ 1A OnOff Bath Lift w Belt
☐ 1A InOut Tub w Overhead
☐ 1A InOut Shower w Sh Chair
☐ 1A Legs InOut Tub

ADDITIONAL INFORMATION:

INTERVENTION / ACTION: ☐ Discharged

NAME:_____

CTS#:_____ DOB:_____

ADDRESS: _____

_____

PHONE #: _____

PHIN:_____ MHSC: _____

THERAPIST SIGNATURE:

_____