



**CONTINENCE**

**LEVEL**

- 1. Independent-requires no human assistance or supervision; controls urination and bowel movement completely by self; may use assisted equipment (e.g.; bedpan).
- 2. May require human assistance on an intermittent basis for occasional "accidents." \_\_\_\_\_
- 3. Requires constant supervision and substantial assistance from another person with bowel and bladder control including appliances (e.g., colostomy, urinary catheter).
- 4. Incontinent of bowel and bladder.

LEVEL \_\_\_\_\_ Date: \_\_\_\_\_

**TRANSFERRING**

**LEVEL**

- 1. Independent-may use assistive device (e.g., trapeze, railings, walker).
- 2. Requires physical support on an intermittent basis for difficult maneuvers only (e.g., toilet, sofa).
- 3. Is unable to transfer without substantial assistance from another person.

LEVEL \_\_\_\_\_ Date: \_\_\_\_\_

**EATING**

**LEVEL**

- 1. Independent-requires no human assistance.
- 2. May require human assistance on an intermittent basis or with minor parts of eating. (e.g., cutting foods).
- 3. Is unable to eat without substantial assistance from another person.

LEVEL \_\_\_\_\_ Date: \_\_\_\_\_

8. If in an institution as a practical matter, could patient be cared for under Home Care? .....  Yes  No

9. Recommended Program of Care (include any treatments or therapies prescribed, including expected duration) to improve or maintain current functional status:

10. Prognosis and Goals (indicate appropriate number)

- 1.Improvement in functional status expected - less than 3 months.
- 2.Improvement in functional status expected - 3-6 months.
- 3.No change in functional status expected.
- 4.Deterioration in functional status expected - 3-6 months.
- 5.Deterioration in functional status expected - 6-12 months.

Number of Prognosis/Goal \_\_\_\_\_

\_\_\_\_\_  
Attending Physician Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Degree

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City or Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Tax ID Number