BRITISH COLUMBIA **Ministry of Health Services**

# LONG TERM CARE ASSESSMENT
# SECTION II: HEALTH PROFILE 2

| DATE (YYYY / MM / DD) | CLIENT'S FAMILY NAME | CLIENT NUMBER |
|---|---|---|
| | | |

## A. MEDICAL BACKGROUND

1. MAJOR MEDICAL PROBLEMS INCL. PSYCHIATRIC DIAGNOSIS — INFO PROVIDED OR VERIFIED BY PHYSICIAN ☐ YES ☐ NO

| 2. MEDICATIONS | DOSAGE | FREQUENCY | ROUTE | PRESCRIBED BY |
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3. TREATMENTS / SPECIAL PROCEDURES

4. CLIENT SMOKES ☐ YES ☐ NO — DEGREE OF PROBLEM ☐ NONE ☐ MODERATE ☐ MAJOR

5. CLIENT DRINKS ☐ YES ☐ NO — DEGREE OF PROBLEM ☐ NONE ☐ MODERATE ☐ MAJOR

6. ALLERGIES

7. CURRENT DIET

EATING HABITS

HEIGHT

WEIGHT

## B. MENTAL HEALTH

INDICATE WHICH OF THE FOLLOWING STATES ARE APPLICABLE FROM YOUR INTERVIEW TODAY.
BASE ASSESSMENT ON WHAT YOU HAVE SEEN TODAY AND USE COLLABORATIVE INFORMATION AS REQUIRED.

**1. ATTITUDE**
- ☐ COOPERATIVE
- ☐ INDIFFERENT
- ☐ RESISTIVE
- ☐ DEMANDING
- ☐ SUSPICIOUS
- ☐ HOSTILE

**2. APPEARANCE**
- ☐ WELL-GROOMED
- ☐ ADEQUATE
- ☐ DISHEVELLED
- ☐ INAPPROPRIATELY DRESSED
- ☐ ILL - NOT DRESSED

**3. SELF-DIRECTION**
- ☐ INDEPENDENT
- ☐ NEEDS MOTIVATION
- ☐ NEEDS DIRECTION
- ☐ DEPENDENT

**4. BEHAVIOURS**
- ☐ NORMAL
- ☐ RESTLESS
- ☐ WANDERING
- ☐ ELOPING
- ☐ SUNDOWNING
- ☐ SELF-DESTRUCTIVE
- ☐ WITHDRAWN
- ☐ FIRE HAZARD
- ☐ SEXUALLY INAPPROPRIATE
- ☐ OTHER (SPECIFY BELOW)
- ☐ AGGRESSIVE: ☐ VERBAL ☐ PHYSICAL

**5. AFFECT**
- ☐ APPROPRIATE
- ☐ INAPPROPRIATE
- ☐ ANXIOUS
- ☐ BLUNTED
- ☐ EUPHORIC
- ☐ DEPRESSED
- ☐ LABILE
- ☐ ANGRY
- ☐ HISTORY OF MOOD SWINGS

**6. THOUGHT CONTENT**
- ☐ NORMAL
- ☐ OBSESSIONS
- ☐ PHOBIAS
- ☐ DELUSIONS:
  - ☐ PERSECUTORY
  - ☐ PREOCCUPATION
  - ☐ GUILT
  - ☐ NOT ABLE TO ASSESS
  - ☐ OTHER:

**7. PERCEPTIONS**
- ☐ NORMAL
- ☐ HALLUCINATIONS:
  - ☐ AUDITORY
  - ☐ VISUAL
  - ☐ OTHER:

**8. COGNITION**
- ☐ NORMAL
- ☐ IMPAIRMENT:
  - ☐ MILD
  - ☐ MODERATE
  - ☐ SEVERE

MINI MENTAL STATUS SCORE:

EXPLAIN REASON FOR NOT COMPLETING

**9. INSIGHT**
- ☐ GOOD
- ☐ PARTIAL
- ☐ NONE

**10. JUDGEMENT**
- ☐ GOOD
- ☐ ADEQUATE
- ☐ POOR

## C. ADDITIONAL COMMENTS

# DO NOT ALTER WORDING OF BLOCKS AS PROVIDED; IF NECESSARY, AMPLIFY IN COMMENTS

**GENERAL INSTRUCTION**
Enter client's family name and client number to identify this page when detached.

## IIA MEDICAL BACKGROUND

**IIA1 MAJOR MEDICAL PROBLEMS**
Describe the client's medical problems.
Indicate whether this information was provided by the physician. Physician must be for clients assessed as extended care.
If information is provided by physician, indicate specific diagnosis and date of onset, if known. Indicate whether client and/or family are aware of medical problem and prognosis.
Note: The assessor should not discuss the diagnosis or prognosis with the client and/or family members without positive assurance they are already informed. Include psychiatric diagnosis only if determined by a physician.

**IIA2 MEDICATIONS**
Be precise about dosages (e.g., 2 tablets of 5 mg or 1 tablet of 10 mg).
Include prescription, non-prescr , stout, etc.).

**IIA3 TREATMENTS/SPECIAL PROCEDURES**
**Treatments, include any:**
Enemas, douching, ostomy care. Physiotherapy, speech therapy or occupational therapy.
Special procedures other than nursing care (e.g., eye irrigation, special skin care, dressings, support stockings).
**Special Procedures**
____ Indicate special problems. These procedures indicate a distinct professional component.

**IIA4 SMOKING**
Indicate whether the client smokes and whether a fire hazard results.

**IIA5 DRINKING**
Indicate whether the client consumes alcohol and whether there may be a resulting behavioural problem.

**IIA6 ALLERGIES**
Record any significant allergies (e.g., penicillin) which may be pertinent to the care of the client.

**IIA7 CURRENT DIET** – Indicate which diet client is on, and whether or not it is appropriate.
"Regular Diet" means a full diet at home.
"Institutional" diet means that the client is receiving meals in a hospital or other health care facility.
"Cultural" means that these are dietary prohibitions because of ethnic or religious considerations.
"Self-determined" means other than a normal diet and is based on the individual's own preferences, including natural food diets, fad foods or vegetarian diets.
"Therapeutic" means a diet prescribed by a physician.
Indicate whether the current diet is appropriate under the circumstances.
Comment on specific needs (e.g., pureed, minced, etc.).
Comment on eating habits and, if available, include client's height and weight.

## IIB MENTAL HEALTH

Note: This section pertains to the ability of client to relate to their environment, and is not assessment of mental illness. Indicate state which corresponds to client today. Under "Additional Comments", indicate whether family or other caregivers report fluctuations in client's mental health.

**IIB1** Attitude: The way client relates to interview and interviewer.

**IIB2** Appearance: Client's outward appearance
- *Well-groomed* – relatively neat and tidy.
- *Adequate* – not well-groomed as defined, but there is no significant concerns regarding appearance.
- *Dishevelled* – unkempt, unshaven, disorganized.
- *Inappropriately dressed* – inappropriate to circumstance or environment; bizarre.
- *Ill – not dressed* – client is so ill from physical or mental problems that he remains in night attire, possibly remaining in bed.

**IIB3** Self-direction based upon either attitude or capability
- Has some initiative, persistence, organizes self, assumes responsibility.
- Does not initiate self-direction, except when motivated by others.
- Slow, waits for direction, easily discouraged, usually unreliable, apathetic, dependent.
- Continually dependent on others for direction, unable or unwilling to take responsibility.

**IIB4** Behaviours refers to those observed by interviewer, or as discussed with family member, care giver, etc.
- *Wandering* – non-directive activities and aimless walking.
- *Eloping* – intentional and active attempts to leave premises.
- *Sundowning* – worsening of cognition and behaviour at night.
- *Self-destructive* – causing physical harm to one's self, including suicide attempts. Describe behaviour.
- *Aggressive* – purposefully directed at another person.
- *Alcoholism* – when it presents problem for client or others.
- *Fire Hazard* – risk with stove, cigarettes, etc.
- *Sexually inappropriate* – socially inappropriate or disruptive sexual behaviour, such as masturbating in public or attempts at possible intercourse with non-consenting partners.
- *Other* – if client exhibits or has a history of another disturbing behaviour, check box and explain in "Additional Comments".

**IIB5** Affect – the overall feeling state of client as expressed during interview: *Appropriate/Inappropriate* – as to the circumstances. *Anxious* – worried. *Blunted* – non-responsive, dulled, flattened. *Euphoric* – exaggerated sense of happiness which is out of context. *Depressed* – sad, lethargic, apathetic and/or agitated. *Labile* – rapid fluctuations of mood during interview. *History of Mood Swing* – information on abnormal levels of mood swings, provided by client or care giver.

**IIB6** Thought Content, expressions of thoughts as evidenced by speech or activity: *Delusions* – i.e., false belief not held consensually by the general population. *Persecutory* – unfounded concern of harm by others. *Guilt* – unfounded belief of being responsible for harm of others. *Obsessions* – repetitive and fixed idea client cannot exclude from his thinking. *Phobias* – persistent, obsessive fear or pathological dread of an object or situation. *Preoccupation* – a predominating theme. *Not able to assess* – check box if within context of interview and discussion with collateral sources, assessor unable to conclude client has abnormal thought content.

**IIB7** Perceptions, the productions of the sensory system: *Hallucinations* – a perception in the absence of an external stimulus.

**IIB8** Cognition, from interviewer's perspective, give subjective impression of global evaluation of client's cognitive function. Then conduct Mini Mental Status Test. The Mini Mental Status score can range from 0 - 30, 30 being a perfect score.

**IIB9** Insight, an individual's capacity to understand and accept responsibility for his problem.

**IIB10** Judgement, the ability to make realistic decisions.