

LONG TERM CARE ASSESSMENT **SECTION III: SOCIAL PROFILE**

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DATE (Y	YYY / MM / DD)	CLIENT'S FAMILY NAM	E						CLIENT NUMBER	
A H(OUSING AND SOCIA	AL CONTEXT								
1. HOU 1. 2. 3. 4.		APPROPRIATE WNED T	NESS		2. HOUSEHOLD COM 1. LIVES ALONE 2. SPOUSE 3. OTHER ADULT 4. OTHER ADULT 5. CHILDREN (GIV	MALE(S	-) _ E(S)	DESCRIBE RELATION	SHIPS	
					PRINCIPAL HELPER:					
3. SUP	PORTIVE RELATIONSHIPS (SEE GUIDE ON REV	ERSE)			4. R	ELEVAI	NT CULTURAL AN	ID RELIGIOUS FACTOR	≀S
	ELF-CARE (indicate									
1. FOOD PREPARATION 1. ☐ INDEPENDENT 2. ☐ ADEQUATE IF INGREDIENTS SUPPLIED 3. ☐ MAKE/BUY MEALS, BUT DIET INADEQUATE 4. ☐ PHYSICALLY OR MENTALLY UNABLE 5. ☐ NO OPPORTUNITY OR CHOOSES NOT TO 2. HOUSEKEEPING 1. ☐ INDEPENDENT; HELP FOR HEAVY TASKS 2. ☐ ONLY LIGHT TASKS ADEQUATELY 3. ☐ LIGHT TASKS, BUT NOT INADEQUATELY 4. ☐ NEEDS REGULAR HELP AND SUPERVISION 5. ☐ NO OPPORTUNITY OR CHOOSES NOT TO 2. HOUSEKEEPING 4. TRAVELLING 1. ☐ INDEPENDENT 2. ☐ USES PRIVATE VEHICLE OR TAXI (NO PUBLIC OR TA				EES NOT TO IXI (NO PUBLIC TRANSIT) PANIED NABLE	5. TELEPHONE 1.					
	RVICE INVENTORY					24.01				24/24
CODE	HEALTH SERVIC	JES Y/N	CODE	HOME SUPPO	ORT SERVICES	Y/N	CODE	COMMUI	NITY SERVICES	Y/N

GENERAL INSTRUCTION

- Mark unapplicable sections "N/A"
- Enter client family name and client number to identify page if separated

III A1 HOUSING

• Identify appropriateness of present or proposed accommodation and specify if disposition of housing and furniture is relevant.

III A2 HOUSEHOLD COMPOSITION

• Expand as necessary in IVB1. Mark "N/A" if in a facility or hospital.

III A3 SUPPORTIVE RELATIONSHIPS

• Identify groups or individuals providing social involvement and/or support for the activities of daily living, transportation and general encouragement or friendship.

III A4 RELEVANT CULTURAL AND RELIGIOUS FACTORS

• Enter only those which affect placement or acceptance of services.

III B SELF CARE

III B1 FOOD PREPARATION

- Ability to plan, purchase, prepare, cook and serve adequate meals for self.
- BLOCK 4 Cross out non-applicable word if entry in this block; amplify if necessary in IVB1.
- BLOCK 5 Cross out non-applicable word if entry in this block.

III B2 HOUSEKEEPING

• BLOCK 1 & 5 Cross out non-applicable word if entry in this block.

III B3 SHOPPING

• BLOCK 4 & 5 Cross out non-applicable word if entry in this block; amplify if necessary

III B4 TRAVELLING

- BLOCK 1 Includes ability to use public transportation.
- BLOCK 3 Applies for any mode.
- BLOCK 4 Cross out non-applicable word if entry in this block.

III B5 TELEPHONE

• BLOCK 4 & 5 Cross out non-applicable word if entry made in one of these blocks.

III B6 MEDICATIONS AND TREATMENTS

• BLOCK 4 Cross out non-applicable word if entry in this block. Indicate "N/A" for facility resident.

III C SERVICE INVENTORY

- Enter services which the client requires but is not receiving. Indicate by Y (yes) or N (no) in the Y/N column whether service is available
- Services and their code numbers should be entered in blank spaces under the appropriate headings from the list below.

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HEALTH SERVICES	HOME SUPPORT SERVICES	COMMUNITY SERVICES				
10. Health Counselling	30. Cleaning	50. Mental Stimulation				
11. Drug Care/Therapy	31. Laundry	51. Transportation				
12. Diet Care/Therapy	32. Shopping	52. Financial Counsel				
13. Podiatry	33. Meal Preparation	53. Legal Counsel				
14. Optical Care	34. Meals on Wheels	54. Daily Hello/Visit				
Physical Exercise	35. Bathing	55. Personal Counselling				
16. Physiotherapy	36. Grooming	56. Adult Day Care				
Occupational Therapy	37. Feeding	57. Senior Centre				
18. Audiology	38. Dressing	58. Other (state)				
19. Dental Care	39. Surveillance	59. Other (state)				
20. Speech Therapy	40. Supervision	60. Other (state)				
21. Treatment Procedure	41. Handyman					
22. Hospital Short Term Relief	42. Snow Shovelling					
23. Other (state)	43. Gardening					
24. Other (state)	44. Home Care Equipment					
25. Other (state)	45. Other Supplies and Equipment					
	46. Other (state)					
	47. Other (state)					
	48. Other (state)					