

BRITISH COLUMBIA Ministry of Health Services	LONG TERM CARE ASSESSMENT SECTION IV: SERVICE RECOMMENDATIONS
ATE (YYYY / MM / DD) CLIENT'S FAMILY NAME	CLIENT NUMBER
A. ASSESSOR'S COMMENTS AND RECOMMENDATIONS	
COMMENTS ON CLIENT'S CURRENT SITUATION AND RECOMMENDATIONS FOR CARE	OF CLIENT
F	RECOMMENDED PROVIDER
F	ECOMMENDED HOURS OR SERVICES

COPY 1 - ORIGINAL COPY 2 - LOCAL REGISTRY COPY 3 - PROVIDER

GENERAL INSTRUCTION

Enter client details in case page is separated, or if correction. If correction, tick correction box.

VA ASSESSOR'S COMMENTS AND RECOMMENDATIONS

- **IVA1** Include sources of information for previous sections, and any comments which should remain confidential to LTC program staff.
- IVA2 Assessor to make specific recommendations for care of client, considering present care situation.

Describe nature of mental health problem if client can be supported at home only if the service provider is oriented to mental health problem (VB3, BLOCK 5).

Enter recommended disposition of client in first row of coded blocks.

Enter recommended care level in second row of coded blocks.

Enter name of recommended care provider.