MEDICAL REVIEW/PROLONGED CARE ASSESSMENT

IC-ICF/DD—ICF/DD-H ☐ Semi-Annual ☐ Annual

Name	Sex ☐ Male ☐ Female	Case number	Birth date

Admission date	Attending physician	Present status ☐ NH ☐ IC ☐ RC ☐ Other _____

Facility

Address (number, street)	City	ZIP code

Diagnoses	**Medications**
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
Lab Work	6.
	7.
	8.
	9.
Diet	

Remarks

1)	Is the patient involved in school and is treatment plan coordinated with the school?		☐ Yes	☐ No
2)	Is the patient involved in daily planned activities or any type of learning experience?		☐ Yes	☐ No
3)	Is patient and staff interaction ongoing?		☐ Yes	☐ No
4)	Is there *any* potential?		☐ Yes	☐ No
5)	Is Plan of Care current?	☐ Before admission ☐ After admission	☐ Yes	☐ No
6)	Are individual goals reviewed and/or met/updated?		☐ Yes	☐ No
7)	Are quarterly notes written timely?		☐ Yes	☐ No
8)	Are psychological evaluations done?		☐ Yes	☐ No
9)	Is there QMRP input in the chart and/or whole interdisciplinary team?		☐ Yes	☐ No
	Every 90 days?		☐ Yes	☐ No

Dates of visits

Interviewer

Recommendation

☐ Chart review
☐ Skilled nursing
☐ ICF _____ _____
☐ RCF
☐ ICF/DD
☐ ICF/DD/H

INSTRUCTIONS: For ICF/DD/H—Complete all appropriate boxes; others—exclude ICF/DD/H only.

Patient name	Birth date	Sex

Medi-Cal ID number	Admission date	Room number

Facility name	Phone number ( )

Facility address (number, street)	City	ZIP code

Signature of person completing form	Title	Current diagnosis

Patient's Condition Now

- ☐ Stable
- ☐ Unstable
- ☐ Terminal

Rehabilitation Potential

- ☐ Good
- ☐ Fair
- ☐ Poor

Complete this section for ICF/DD/H only

Program Provided

Frequency: 1—Once a day; 2—BID; 3—TID; 4—2; or more per week; 5—weekly

- ☐ Range of motion
- ☐ Preventive/corrective positioning
- ☐ Ambulation skills
- ☐ Transfer skills
- ☐ Grooming/dressing skills
- ☐ Mental stimulation
- ☐ Communication skills
- ☐ Bladder retraining
- ☐ Bowel retraining
- ☐ Feeding skills
- ☐ Social behavior
- ☐ Aggression
- ☐ Self-injurious
- ☐ Smearing
- ☐ Destruction of property
- ☐ Running or wandering away
- ☐ Temper tantrums or emotional outbursts

Plan of Care

Individual goals are met and updated?
☐ Yes ☐ No

Is the plan of care complete and updated?
☐ Yes ☐ No

Degree of Retardation

- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Profound

Activities of Daily Living

Mark either—Independent (1), Assist. with mechanical device (A1) Assist. with a person (A) Assist. by person and device (A3) or Total Dependent (D)

- ☐ Walking
- ☐ Transferring
- ☐ Wheeling
- ☐ Bathing
- ☐ Dressing
- ☐ Grooming
- ☐ Toileting

Visual

- ☐ No apparent handicap
- ☐ Correctable vision w/glasses
- ☐ Severe visual impairment
- ☐ Legally or totally blind

Auditory

- ☐ No apparent hearing problem
- ☐ Mild hearing problem
- ☐ Wears hearing aid
- ☐ Deafness, corrected by aid
- ☐ Deafness, not corrected

Mental and Behavioral Status

- ☐ Receiving psychiatric care x3
- ☐ Alert and oriented x3
- ☐ Disoriented
- ☐ Confused
- ☐ Wanderer
- ☐ Noisy, yells/agitated
- ☐ Aggressive
- ☐ Combative
- ☐ Other antisocial behavior
- ☐ Withdrawn
- ☐ Comatose
- ☐ Follows simple instructions

Communication

- ☐ Able to make needs known
- ☐ Speaks no English
- ☐ Can write, not speak
- ☐ Cannot speak or write, but seems to comprehend
- ☐ Aphasic, partial
- ☐ Aphasic, complete

Wound Care—Dressings

- ☐ Dry sterile dressing
- ☐ Open, draining
- ☐ Sterile/medicated dressing

Diabetic Care

- ☐ Inability to manage diabetic condition
- ☐ Well-regulated by diet only
- ☐ Well-regulated with medication
- ☐ Uncontrolled
- ☐ Urine testing

Rehabilitation and M.D. Orders

- ☐ Physical therapy
- ☐ Occupational therapy
- ☐ Speech therapy

☐ **Rehabilitative Nursing Program**

Other Special Needs/Problems

- ☐ Amputee—location
- ☐ Braces/cast
- ☐ Seizures
- ☐ Paralysis/area
- ☐ Joint motion/pain/swelling
- ☐ Inhalation/oxygen therapy
- ☐ Tracheostomy care
- ☐ Suctioning
- ☐ Multiple injections or IVs
- ☐ Fluid retention
- ☐ Isolation techniques
- ☐ Contractures

Bowel Control

- ☐ Occasionally involuntary
- ☐ Involuntary
- ☐ Colostomy/Ileostomy
- ☐ Self-care

Bladder Control

- ☐ Occasionally incontinent
- ☐ Incontinent
- ☐ Catheter
- ☐ Bowel-Bladder Training—Date

Feeding

- ☐ Feeding program date
- ☐ Feeds self with assistive device
- ☐ Needs partial help in feeding
- ☐ Needs to be fed
- ☐ N-G tube
- ☐ Gastrostomy
- ☐ Parenteral
- ☐ Supplemental feedings

Current Medications

- ☐ Antibiotics
- ☐ Cardiac drugs
- ☐ Diuretics
- ☐ Anticoagulants
- ☐ Chemotherapy
- ☐ Insulin
- ☐ Tranquilizers
- ☐ Hypnotics
- ☐ Narcotics
- ☐ Oral hypoglycemic

Decubitus Ulcer

- ☐ None or healed
- ☐ Stage I—red/inflamed area
- ☐ Stage II—superficial skin break w/red surrounding
- ☐ Stage III
- ☐ Stage IV

DO NOT COMPLETE BELOW THIS LINE—STATE USE ONLY

General Appearance of Patient

		Yes	No
1.	Clean	☐	☐
2.	Hair clean and neat	☐	☐
3.	Shaved	☐	☐
4.	Fingernails clean/trimmed	☐	☐
5.	Toenails clean/trimmed	☐	☐
6.	Dressed appropriately	☐	☐
7.	Out of bed	☐	☐
8.	Restrained	☐	☐
9.	Transportation	☐	☐
10	Equipment	☐	☐

	Yes	No
Physician's progress notes timely?	☐	☐
Medications reviewed and signed timely?	☐	☐

Date of tuberculin testing or chest X-ray:_____

Date of last physical

Significant laboratory results

Notes:

(For additional comments, use the back.)

Chart review Yes ☐ No ☐	Patient interview Yes ☐ No ☐	Prolonged care Yes ☐ No ☐	Reviewer's signature	Date