TCS Intake Questionnaire

Name of TCR ____, Date: ___/___/______

In order to save you time and money let me ask a few questions and collect some basic data then I will answer any questions that you may have.

When is the date and time of your discharge? ___/___/______, _______ am, pm.

- (If they do not know) May I go and check with the discharge planner and find out when and where you are going when discharged?

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As part of the service I would like to order a Home Safety and Aids assessment to make sure that the place is ready for your arrival. I will make recommendations and help you acquire what is needed if you so desire. Would that be ok with you?

- (If yes) I would like to do this after meeting with the discharge planner and learning what you have already got in place for you, in case we have to order or pick up supplies and equipment so that it will be ready for you when you arrive.
- (If no) May I suggest that someone you know downloads our forms and does it for you. The better prepared the home is, the better changes of improved outcomes.

Did you arrange for anyone to pick you up? Yes or No

- Option 1: I can pick you up and take you home
- Option 2: Would you like for me to make arrangements for you.

Who will be there when you arrive to take care of you?

____

- (If no one) Would you like for me to make arrangements with a Home Care and or Home Health agency to have them ready when you arrive home so that I can educate and train them if necessary, about your self-directed care? Would you like for me to interview the caregivers to make sure they are qualified and appropriate?
- (If they have someone), Can we have them there when you arrive so that I can educate and train them if necessary, about your self-directed care?

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TCS Intake Questionnaire

Do you have any doctor's orders to follow your discharge? Yes or No

- (If no) May I have your permission to get that for you?

Do you have an easy to read plan of care from your doctor? Yes or No

- (If no) May I have your permission to get one for you?

What medications are you going to be taking when you get home?

- (List them on the prescribed medication form)
- (If they do not know) May I have your permission get that for you?

Do you need me to pick up any prescription for you? Yes or No

- May I check with the doctor to see what the latest prescription order is for you?
- May I remove any old outdate prescriptions from your home?

Are you capable of taking them yourself? Yes or No.

- Will you need medication reminders? Yes or No
- Will you need medication administration? Yes or No

Do you know what DME and Supplies are needed, and have they been order yet? Yes or No

- (If no) May I check with the hospital and see what has been ordered.
- The home safety and aids inspection will help determine if we need anything else. If you do, would like me to order them for you?
- I can also pick them up if needed!

Notes:

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TCS Intake Questionnaire

This section covers <u>Activities of Daily living</u>

Mental Status

- Is your memory good? Yes or No
- Do you get depressed or confused? Yes or No
- Do you forget things and or lose things? Yes or No

Functional Limitations

- Can you get around on your own without help? Yes or No
- Do you use a Cane, Walker or Wheelchair? Yes or No ___________________
- Can you get in and out of bed ok? Yes or No
- Can you get in and out of a chair ok? Yes or No
- Can you get into the car ok? Yes or No

Personal Hygiene and appearance

- Can you go to the bathroom on your own? Yes or No
- Are you able to bath yourself without assistance? Yes or No
- Can you groom yourself adequately? Yes or No
- Can you pick out your clothes? Yes or No
- Can you dress yourself ok? Yes or No

Meal and Feeding assistance.

- Can you eat by yourself with no assistance? Yes or No

Notes:

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TCS Intake Questionnaire

The following set of question are in regard to your instrumental activities of daily living and how well you can manage on your own at home.

Laundry

- Can you collect dirty clothes? Yes or No
- Can you sort clothes properly? Yes or No
- Can Access laundry facilities? Yes or No
- Can you load and unload clothes? Yes or No
- Can you handle soap, bleach, etc.?

Cooking

- Can you prepare their own meals? Yes or No
- Can you plan well balanced meals? Yes or No
- Can safely operate kitchen utensils and appliances? Yes or No
- Can you reach dishes, pot and pans, needed? Yes or No
- Can you carry foods to the table? Yes or No
- Can you clean vegetables and fruits, chop foods, etc.? Yes or No
- Can you wash dishes ok? Yes or No

Cleaning

- Can you effectively mop the floors? Yes or No
- Can you run the vacuum cleaner? Yes or No
- Can you clean and wipe down counter tops and surface areas? Yes or No

Shopping

- Can you navigate within a shopping facility? Yes or No
- Can you lift things from shelves? Yes or No
- Can effectively handle money while shopping? Yes or No
- Can you purchase appropriately? Yes or No

Money Management

- Can you effectively budget money? Yes or No
- Can you write checks? Yes or No
- Can you pay your bills on time? Yes or No
- Do you think you are financially vulnerable? Yes or No

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