 Cretsinger Care Homes **PRE-ADMITTANCE SCREENING**

Person’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of referral:

Age: \_\_\_\_\_\_\_ Date of Birth \_\_\_/\_\_/\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Referral Agency Information:

Agency name and address:

Casemanager Name:

Casemanager Phone Number:

Casemanager email address:

Current Living At:

Info supplied by:

|  |  |  |
| --- | --- | --- |
|  | Name | Contact |
| Guardian |  |  |
| Payee |  |  |
| Family |  |  |

Summary of need for placement:

Mental Health Diagnoses:

\*\*\*Please note that we do not accept individuals who are physically aggressive and may cause harm to others in our care. Staff are trained in CPI verbal de-escalation strategies and physical disengagement skills, but staff are NOT trained on physical holding skills.\*\*\*

Physical aggression/property destruction in past year (describe):

Physical aggression/property destruction prior to past year (when and describe):

Self-injury in the past year (describe):

Self-injury prior to the past year (when and describe):

Verbal aggression in past year (describe):

Verbal aggression prior to past year (when and describe):

Would elopement or wandering be a concern? Explain.

Other areas of concern (“current” means within the last 12 months)

|  |  |  |  |
| --- | --- | --- | --- |
| Current (Y or N) | History (Y of N) | N/A | Behavior |
|  |  |  | Sexual behaviors/inappropriateness |
|  |  |  | Public masturbation |
|  |  |  | False allegations |
|  |  |  | Suicide attempts |
|  |  |  | Suicidal ideation |
|  |  |  | Police involvement |
|  |  |  | Frequent medication refusal |
|  |  |  | Frequent care refusal |

Briefly explain any “yes” from above:

Is the person on a court order for treatment? \_\_\_No \_\_\_Yes, expiration date:

Medical Diagnoses:

Medical concerns and treatments (seizures, feeding tube, PT/OT, wounds, etc)

Primary care physician:

Specialists providing on-going treatment:

|  |  |  |  |
| --- | --- | --- | --- |
| Specialty | Dr. Name | City | Phone number |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Level of personal care needed:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Independent | HOH | Total Care | Comments |
| Bathing |  |  |  |  |
| Toileting |  |  |  |  |
| Dressing |  |  |  |  |
| Eating |  |  |  |  |
| Ambulation |  |  |  |  |
| Communication | Verbal |  | Non-verbal |  |

Special Equipment and assistive devices used:

Special Diet/food prep

Sleep patterns:

Smokes:

Alcohol use: Drug use:

**Please attach**

* Current list of medications
* Current Treatment Plan
* Current Psychosocial Assessment
* Current Behavior Treatment Plan (if applicable)

All other documents would be required upon acceptance (guardianship papers, releases, 3803, etc.)

**Personal Choice**

Does the person want to move?

Most of our rooms are doubles. What type of roommate would be most compatible?

What local programs and/or leisure activities is the person attending or interested in?

Are there cultural considerations?

To be completed by Cretsinger Care Homes, Ltd.

Intake assessment completed by: Date:

Outcome:

Home referred to:

Date of home visit: Number of housemates met:

Room(s) toured:

Introduced to potential roommate: Y or N why not?

Why they are compatible:

Who gave the tour?