

Alzheimer Society

Family Assessment Form - Virtual Visiting Guide

Personal Information	
Client's Name:	
Preferred Name:	
Current Living Arrangements: <input type="checkbox"/> Alone <input type="checkbox"/> With Partner <input type="checkbox"/> With Family; Specify: _____ <input type="checkbox"/> Retirement Home <input type="checkbox"/> Other:	
Home phone # :	
Date of Birth:	Place of Birth:
Languages spoken: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other:	

Emergency Contact Information		
Name	Relationship	Phone Number(s)

Personal History
Where was your family member born?
Where did he/she grow up?
Where has he/she lived?
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Other: Name of Partner (if applicable):
Children (names, spouses if any, where they live):

Alzheimer Society

Grandchildren/Great-grandchildren (names):
What did he/she do for a living?
Any significant awards, achievements or highlight in his/her life? (educational achievements, career highlights, military service, etc.)
Does/did he/she travel? Where?

Interests: Identify the things that this person enjoys/ed. <i>Indicate current and past preferences (C or P)</i>		
Household tasks: <input type="checkbox"/> Cooking <input type="checkbox"/> Laundry <input type="checkbox"/> Cleaning <input type="checkbox"/> Shopping <input type="checkbox"/> Doing dishes <input type="checkbox"/> Decorating home <input type="checkbox"/> Home repairs <input type="checkbox"/> Other:	Culture, Religion & Spirituality Culture/Background _____ _____ _____ Does he/she like to participate in: <input type="checkbox"/> A religious service <input type="checkbox"/> Quiet prayer <input type="checkbox"/> Guided prayer <input type="checkbox"/> Singing hymns <input type="checkbox"/> Other:	Social: <input type="checkbox"/> Visiting family <input type="checkbox"/> Visiting friends <input type="checkbox"/> Entertainment <input type="checkbox"/> Reminiscing: Are there any topics of preference/enjoys most?

Alzheimer Society

<p>Leisure Activities</p> <input type="checkbox"/> Travel <input type="checkbox"/> Games <input type="checkbox"/> Sports <input type="checkbox"/> Crafts <input type="checkbox"/> Reading <input type="checkbox"/> Gardening <input type="checkbox"/> Photography <input type="checkbox"/> Genealogy <input type="checkbox"/> Watching movies: What kind?	<p>Games:</p> <input type="checkbox"/> Bridge <input type="checkbox"/> Cribbage <input type="checkbox"/> Scrabble <input type="checkbox"/> Yahtzee <input type="checkbox"/> Crokinole <input type="checkbox"/> Jigsaw Puzzles <input type="checkbox"/> Word Games <input type="checkbox"/> Dominoes <input type="checkbox"/> Other:	<p>Sports/exercise:</p> <input type="checkbox"/> Hockey <input type="checkbox"/> Football <input type="checkbox"/> Soccer <input type="checkbox"/> Volleyball <input type="checkbox"/> Curling <input type="checkbox"/> Croquet <input type="checkbox"/> Horseshoes <input type="checkbox"/> Other: <input type="checkbox"/> Shuffleboard <input type="checkbox"/> Golf <input type="checkbox"/> Mini golf <input type="checkbox"/> Yoga <input type="checkbox"/> Walking <input type="checkbox"/> Jogging <input type="checkbox"/> Dancing
<p>Music</p> <input type="checkbox"/> Likes to listen to music <input type="checkbox"/> Likes to play music <input type="checkbox"/> Likes to go to concerts What kind of music? What instrument?	<p>Crafts</p> <input type="checkbox"/> Knitting <input type="checkbox"/> Crochet <input type="checkbox"/> Sewing <input type="checkbox"/> Woodworking <input type="checkbox"/> Painting <input type="checkbox"/> Sculpting <input type="checkbox"/> Ceramics <input type="checkbox"/> Other:	<p>Pets</p> Does he/she have a pet now? Did he/she have a family pet?
<p>Reading: What does/did he/she like to read?</p>		
<p>General interests not included elsewhere:</p>		

Alzheimer Society

Cognitive

Dementia

- Alzheimer's disease
- Vascular
- Frontal Lobe
- Lewy Body
- Other:

Is person aware of diagnosis:

- Yes
- No

Orientation to time, place, person:

- Fully oriented
- Oriented to familiar surroundings
- Needs some orienting
- Needs orienting information most of the time

Difficulty Finding Words

- Yes
- No

Are there any situations or conversations that create heightened levels of anxiety?

- Yes
- No

If yes, elaborate:

Depression:

- None
- Some
- Significant

Share any details of historical depression and impact on engagement in life and motivation to be involved in activities.

Motivation:

- Usually wants to be involved in activities
- Sometimes interested
- Sometimes interested but needs encouragement
- Never interested in activities but will observe
- Just wants to be left alone

Comments:

Communication:

- Able to hold conversation
- Some ability to hold a conversation
- Answers yes or no questions only
- Minimal ability to hold a conversation

Enjoys talking about:

Alzheimer Society

Physical	
Vision	
<input type="checkbox"/> Normal Vision	<input type="checkbox"/> Wears Glasses
<input type="checkbox"/> Vision Loss	<i>Under what circumstances are glasses worn:</i>
Right <input type="checkbox"/> Left <input type="checkbox"/>	<input type="checkbox"/> All the time
	<input type="checkbox"/> Reading
Hearing:	
<input type="checkbox"/> Normal Hearing	
<input type="checkbox"/> Adequate for Conversations	
<input type="checkbox"/> Hearing loss: Right <input type="checkbox"/> Left <input type="checkbox"/>	
<input type="checkbox"/> Hearing aids: Right <input type="checkbox"/> Left <input type="checkbox"/>	
Dominant Hand:	
Right <input type="checkbox"/> Left <input type="checkbox"/>	

What are the particular behaviours demonstrated by the client?		
<input type="checkbox"/> Apathy <input type="checkbox"/> Confusion <input type="checkbox"/> Hallucinations <input type="checkbox"/> Inappropriate Sexual Behaviour <input type="checkbox"/> "Colourful" Language <input type="checkbox"/> Agitation/Restlessness	<input type="checkbox"/> Problems with Decision Making <input type="checkbox"/> Physically Responsive <input type="checkbox"/> Verbally Responsive <input type="checkbox"/> Suspiciousness	<input type="checkbox"/> Difficulty Finding Words <input type="checkbox"/> Repetitive Questions <input type="checkbox"/> Impaired Judgment <input type="checkbox"/> Language Loss
How do you respond to this/these behaviour(s)? (What seems to work?) <p>Sometimes people with dementia react poorly to particular groups of people. This is important for us to know in terms of matching. Is there a group you think your family might react poorly to?</p>		

Completed by: _____

Date:

Input of: