SOC Template

VNA   (   ) SOC   (   ) ROC

Patient age/gender/living situation/Primary Dx for homecare/Reason for Admission:

Current Problems requiring skilled service to be addressed by above interventions (clinical, mental, ADL and functional mobility):

Psychosocial and cognitive issues identified which may impact plan of care:

Any additional services requested based on risk assessment?

Homebound Status: (   ) Yes-complete details in Homebound form
                             (   ) No

Reviewed DC plan at SOC with:

Patient (   ) Yes   (   ) No

Caregiver/representative   (   ) Yes   (   ) No   {   } N/A patient declines to identify representative

Call to MD to confirm Medications & Orders Obtained (MD name & who you spoke with):

FUNCTIONAL ASSESSMENT

1. Pain/discomfort interfering with movement/activity in the recent pertinent past (not just day of assessment)
(Check all that apply)

a. {   } Patient takes longer to complete activities due to pain/discomfort
b. {   } Patient requires assistance with activities due to pain/discomfort
c. {   } Patient performs activities less often than usual due to pain/discomfort
d. {   } Patient wakes at night

2. Dyspnea
Patient uses oxygen {   } intermittently   {   } continuously   {   } N/A
(PICK All that apply below)
Patient was dyspneic or "winded":
a. {   } At rest or when lying flat
b. {   }With eating, talking, bending over to put shoes on, or when doing minimal portion of an ADL
c. {   }After ambulating less than 20 feet, after completing an ADL, or after marching in place 25 seconds seated

d. {   } After ambulating greater than 20 feet, with stairs, or after marching in place 45 second seated

e. {   } Patient was not dyspneic or "winded"

 3. Ambulation: Ability to walk safely once in a standing positon or wheel self once in the wheel chair

a. Patient is able to be up in chair {   } Y   {   } N
b. If patient is bedbound can they turn to reposition {   } Y   {   } N
c. Patient uses which of the following to ambulate
 {   } device   {   } walls/furniture   {   } no device   {   } unable to ambulate
d.   Ambulation
    Patient is unsteady at times   {   } Y   {   } N

Check all surfaces upon which patient requires verbal cues, assistance or supervision to ambulate:
  {   } level surfaces
  {   } stairs
  {   } uneven surfaces

4. Transfers: Ability to move from supine to sitting to the nearest seating surface
a. Seating surface is right next to the bed? {   } Y   {   } N
b. Patient use any assistive device in the transfer process {   } Y   {   } N
c. Patient required assistance for bed to chair:
  {   } verbal cues/supervision   {   } minimal hands on assist
  {   } Moderate hands on assist   {   } Maximal hands on assist
d. Patient has the ability to BOTH bear weight on lower extremities AND pivot on the lower extremities when transferring
  {   } Y   {   } N

5. Toilet Transfer: Ability to get to and from and transfer on off toilet or use beside commode (PICK ONE)
a. {   } Patient is dependent in toileting
b. {   } Patient has urinal/bedpan and is independent with urinal bedpan
c. {   } Able to used bedside commode with or without assist
d. {   } Patient require reminders, assistance/supervision to get to and from the toilet and transfer on/off toilet.
e. {   } Patient is independent with getting to and from and on and off toilet.

6. Dressing LE (PICK ONE)
a. {   } Patient is totally dependent in dressing LE
b. {   } Patient requires verbal cues, supervision or assist to safely dress the LE
c. {   } Patient is safe and independent with dressing LE

7. Dressing UE (PICK ONE)
a. {   } Patient is totally dependent in dressing UE

b. {   } Patient requires verbal cues, supervision or assist to safely dress the UE
c. {   } Patient is safe and independent with dressing UE for UE

8. Bathing: Current ability to wash entire body safely
Patient ability to transfer safely in/out of the shower: (PICK ONE)
a. {   } No, unable/unsafe or equipment required and not in home
b. {   } Yes, with human assist
c. {   } Yes, Independently with device
d. {   } Yes, Independent w/out device

B. Pt requires what level of assistance with bathing (PICK ONE)
a. {   } Patient is total dependence with bathing
b. {   } Requires constant supervision with bathing
c. {   } Requires intermittent supervision with bathing
d. {   } Requires no supervision /assistance independent

9. Patient's endurance is: (PICK ONE) {   } Poor   {   } Fair   {   } Good