



We're one family, caring for another

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**Ohio Department of Mental Health and Addiction Services rule 5122-30-23**

**Initial Health Assessment**

Residents Name \_\_\_\_\_ Date \_\_\_\_\_

Admittance Date \_\_\_\_\_ DOB \_\_\_\_\_

These components may be performed by different health professionals, consistent with the type of information required and the professionals' scope of practice, as defined by applicable law. If different health professionals are used, each professional must sign the section they complete. If a physician is completing the entire assessment, he/she needs to only sign at the end of the form.

Health History: \_\_\_\_\_  
\_\_\_\_\_

Physical: Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP: \_\_\_\_\_ Temp: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_  
Lungs: \_\_\_\_\_ Heart: \_\_\_\_\_

Medical Diagnosis: \_\_\_\_\_

Psychological Diagnosis: \_\_\_\_\_

Medications – List all current medications:

Medication:	Route:	Frequency:

Medicine Allergies:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Food Allergies:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dietary Requirements: \_\_\_\_\_

Personal Care Services Required – Check all assistance required:

Bathing      Dressing      Grooming      Ambulating

Toileting      Feeding      Oral Hygiene      Walking

**Capability for Medication Administration**

Section Rule 5122-33-18 of the Administrative Code requires that residents who live in adult care facilities be evaluated for their ability to self-administer medications with or without assistance as outlined in OAC 5122-33-17 and below. Please mark all statements that apply:

- No assistance needed.
- Needs assistance to open container and is able to request assistance.
- Needs reminders when to take medication.
- Needs watching to ensure resident follows directions on the container.
- Needs staff to take medications from locked storage and hand it to the resident.
- Needs staff to read label and directions upon request.
- Needs staff member to remind resident or other individual designated by the resident when prescribed medicine needs refilled.
- Is physically impaired but mentally alert therefore (check one):
  - Needs assistance in removing oral or topical medication. As used in paragraph (C)(3) of rule 5122-33-17 of administrative code, “topical medication” means medication other than debriding agent used in the treatment of a skin condition or minor abrasion, and eye, nose, or ear drops irrigations.
  - Needs staff member to place dose of medication in a container and place container to his or her mouth if resident is physically unable to do so without spilling it.

If the resident is not capable of self-administering medications because more assistance is needed than outlined above, please explain below:

\_\_\_\_\_  
\_\_\_\_\_

Physician’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician’s Name \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_