Patient's Name: _____

MRN#: _____

Clinician's Name: _____

(M0080) Discipline of person completing assessment: ☐ 1 – SN ☐ 2 – PT ☐ 3 – OT ☐ 4 – ST ☐ 5 -MSW

(M0090) Date assessment completed: _____

(M0100) Reason for assessment: **ST Adult Evaluation**

SECTION C: COGNITIVE PATTERNS

(M1700) **Cognitive Functioning**: Patient's current (day of assessment) level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands *****

☐ 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently.

☐ 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions.

☐ 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility

☐ 3. Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time.

☐ 4. Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium.

(M1870) **Feeding or Eating**
Current ability to feed self meals and snacks safely. Note: This refers only to the process of eating, chewing, and swallowing, not preparing the food to be eaten. *****

☐ 0. Able to independently feed self.

☐ 1. Able to feed self independently but requires: a. meal set-up; OR b. intermittent assistance or supervision from another person; OR c. a liquid, pureed or ground meat diet.

☐ 2. Unable to feed self and must be assisted or supervised throughout the meal/snack.

☐ 3. Able to take in nutrients orally and receives supplemental nutrients required through a nasogastric tube or gastrostomy.

☐ 4. Unable to take in nutrients orally and is fed nutrients through a nasogastric tube or gastrostomy

☐ 5. Unable to take in nutrients orally or by tube feeding

Nutritional Approaches

(K0520) **Nutritional approaches** (admission) *****

☐ A1. Parenteral

☐ B1. Feeding tube

☐ C1. Mechanically altered

☐ D1. Therapeutic diet

☐ Z. None of the above

Physician-ordered **Diet ***

☐	vegetarian diet	☐	Z. NO PHYSICIAN-ORDERED DIET	☐	1000cal ADA
☐	1200cal ADA	☐	1400cal ADA	☐	1500cal ADA
☐	1800cal ADA	☐	2gm sodium	☐	4gm sodium
☐	bland	☐	cardiac diet	☐	diabetic
☐	fluid restriction	☐	fluids for hydration	☐	full-liquid
☐	gastrostomy	☐	G-Tube	☐	high calorie
☐	high fiber	☐	high protein	☐	low cholesterol
☐	low fiber	☐	low sodium	☐	NG feeding
☐	pureed	☐	regular	☐	renal diet
☐	soft				

Who does **Meal Preparation? ***

☐ Patient is Independent - No Assistance Needed

☐ All Meals Prepared - No Assistance Needed

☐ Needed for Some Meals

☐ Needed for All Meals

Safe Swallowing Evaluation Date: _____

Vital

*****Temperature: *Reading* _____

☐ temporal ☐ axillary ☐ oral ☐ rectal ☐ tympanic

*****Heart rate: *Reading* _____

☐ right apical ☐ left apical ☐ right radial ☐ left radial ☐ right brachial ☐ left brachial

☐ right carotid ☐ left carotid ☐ right femoral ☐ left femoral ☐ right pedal ☐ left pedal

*****Respiratory rate: *Reading* _____

*****Blood pressure systolic: *Reading* _____

☐ right lying ☐ left lying ☐ right sitting ☐ left sitting ☐ right standing ☐ left standing

*****Blood pressure diastolic: *Reading* _____

*****Weight: *Reading* _____

*****O2 saturation: *Reading* _____

☐ room air ☐ nasal cannula

*****Pain: *Reading* _____

☐ burning ☐ intense ☐ aching ☐ cramping ☐ dull ache ☐ burning ☐ cold

☐ electric shock

*****Blood sugar: *Reading* _____

☐ fasting ☐ random

*****INR: *Reading* _____

*Thyroid: *Reading* _____

*Lithium: *Reading* _____

Notes:

_____

_____

_____

Cognition

Short term memory

☐ 4 - within functional limits ☐ 3 - mild impairment

☐ 2 - moderate impairment ☐ 1 - severe impairment ☐ 0 - unable

Long term memory

☐ 4 - within functional limits ☐ 3 - mild impairment

☐ 2 - moderate impairment ☐ 1 - severe impairment ☐ 0 - unable

Orientation

☐ 4 - within functional limits ☐ 3 - mild impairment

☐ 2 - moderate impairment ☐ 1 - severe impairment ☐ 0 - unable

Reading

Attention Span

☐ 4 - within functional limits ☐ 3 - mild impairment

☐ 2 - moderate impairment ☐ 1 - severe impairment ☐ 0 - unable

Names one word vocabulary

☐ 4 - within functional limits ☐ 3 - mild impairment

☐ 2 - moderate impairment ☐ 1 - severe impairment ☐ 0 - unable

Combines words/simple phrases

☐ 4 - within functional limits ☐ 3 - mild impairment

☐ 2 - moderate impairment ☐ 1 - severe impairment ☐ 0 - unable

Simple sentences

☐ 4 - within functional limits ☐ 3 - mild impairment

☐ 2 - moderate impairment ☐ 1 - severe impairment ☐ 0 - unable

Complex sentences

☐ 4 - within functional limits ☐ 3 - mild impairment

☐ 2 - moderate impairment ☐ 1 - severe impairment ☐ 0 - unable

Indicates wants/needs

☐ 4 - within functional limits ☐ 3 - mild impairment

☐ 2 - moderate impairment ☐ 1 - severe impairment ☐ 0 - unable

Writing

Letter/numbers

☐ 4 - within functional limits ☐ 3 - mild impairment

☐ 2 - moderate impairment ☐ 1 - severe impairment ☐ 0 - unable

Words

☐ 4 - within functional limits ☐ 3 - mild impairment

☐ 2 - moderate impairment ☐ 1 - severe impairment ☐ 0 - unable

Simple sentences

☐ 4 - within functional limits ☐ 3 - mild impairment

☐ 2 - moderate impairment ☐ 1 - severe impairment ☐ 0 - unable

Complex sentences

☐ 4 - within functional limits ☐ 3 - mild impairment

☐ 2 - moderate impairment ☐ 1 - severe impairment ☐ 0 - unable

Paragraph

☐ 4 - within functional limits ☐ 3 - mild impairment

☐ 2 - moderate impairment ☐ 1 - severe impairment ☐ 0 - unable

Speech/Voice

Articulation

☐ 4 - within functional limits ☐ 3 - mild impairment

☐ 2 - moderate impairment ☐ 1 - severe impairment ☐ 0 - unable

Prosody

☐ 4 - within functional limits ☐ 3 - mild impairment

☐ 2 - moderate impairment ☐ 1 - severe impairment ☐ 0 - unable

Voice/Respiration

☐ 4 - within functional limits ☐ 3 - mild impairment

☐ 2 - moderate impairment ☐ 1 - severe impairment ☐ 0 - unable

Speech Intelligibility

☐ 4 - within functional limits ☐ 3 - mild impairment

☐ 2 - moderate impairment ☐ 1 - severe impairment ☐ 0 - unable

Oral/facial exam

☐ 4 - within functional limits ☐ 3 - mild impairment

☐ 2 - moderate impairment ☐ 1 - severe impairment ☐ 0 – unable

Swallowing

Chewing ability

☐ 4 - within functional limits ☐ 3 - mild impairment

☐ 2 - moderate impairment ☐ 1 - severe impairment ☐ 0 – unable

Oral stage management

☐ 4 - within functional limits ☐ 3 - mild impairment

☐ 2 - moderate impairment ☐ 1 - severe impairment ☐ 0 – unable

Pharyngeal stage management

☐ 4 - within functional limits ☐ 3 - mild impairment

☐ 2 - moderate impairment ☐ 1 - severe impairment ☐ 0 – unable

Reflex time

☐ 4 - within functional limits ☐ 3 - mild impairment

☐ 2 - moderate impairment ☐ 1 - severe impairment ☐ 0 – unable

Verbal Expression

Augmentative methods

☐ 4 - within functional limits ☐ 3 - mild impairment

☐ 2 - moderate impairment ☐ 1 - severe impairment ☐ 0 – unable

Naming

☐ 4 - within functional limits ☐ 3 - mild impairment

☐ 2 - moderate impairment ☐ 1 - severe impairment ☐ 0 – unable

Appropriate Yes/No

☐ 4 - within functional limits ☐ 3 - mild impairment

☐ 2 - moderate impairment ☐ 1 - severe impairment ☐ 0 – unable

Complex sentences

☐ 4 - within functional limits ☐ 3 - mild impairment

☐ 2 - moderate impairment ☐ 1 - severe impairment ☐ 0 – unable

Conversation

☐ 4 - within functional limits ☐ 3 - mild impairment

☐ 2 - moderate impairment ☐ 1 - severe impairment ☐ 0 – unable

Auditory Comprehension

Word Discrimination

☐ 4 - within functional limits ☐ 3 - mild impairment

☐ 2 - moderate impairment ☐ 1 - severe impairment ☐ 0 – unable

1 Step Directions

☐ 4 - within functional limits ☐ 3 - mild impairment

☐ 2 - moderate impairment ☐ 1 - severe impairment ☐ 0 – unable

2 Step Directions

☐ 4 - within functional limits ☐ 3 - mild impairment

☐ 2 - moderate impairment ☐ 1 - severe impairment ☐ 0 – unable

Complex Directions

☐ 4 - within functional limits ☐ 3 - mild impairment

☐ 2 - moderate impairment ☐ 1 - severe impairment ☐ 0 – unable

Conversation

☐ 4 - within functional limits ☐ 3 - mild impairment

☐ 2 - moderate impairment ☐ 1 - severe impairment ☐ 0 – unable

Speech Reading

☐ 4 - within functional limits ☐ 3 - mild impairment

☐ 2 - moderate impairment ☐ 1 - severe impairment ☐ 0 – unable

Pain Assessment

Pain Effect on Sleep

Ask patient: Over the past 5 days, how much of the time has pain made it hard for you to sleep at night *****

☐ 0. Does not apply – I have not had any pain or hurting in the past 5 days

☐ 1. Rarely or not at all

☐ 2. Occasionally

☐ 3. Frequently

☐ 4. Almost constantly

Pain interference with therapy activities
Ask patient: Over the past 5 days, how often you have limited your day-to-day activities (excluding rehabilitation therapy session) because of pain? *****

☐ 0. Does not apply – I have not received rehabilitation therapy in the past 5 days

☐ 1. Rarely or not at all

☐ 2. Occasionally

☐ 3. Frequently

☐ 4. Almost constantly

☐ 8. Unable to answer

Pain interference with day-to-day activities
Ask patient: Over the past 5 days, how often you have limited your day-to-day activities (excluding rehabilitation therapy session) because of pain. *****

☐ 1. Rarely or not at all

☐ 2. Occasionally

☐ 3. Frequently

☐ 4. Almost constantly

☐ 8. Unable to answer

Comments:

_____

_____

_____

_____

_____