

*INSERT Name of Home*

### Address and phone #s

**Type of IHCP Annual/Semi annual with meeting date. Proposed next meeting date:**\_\_\_\_\_

<b>Individuals name</b>	<b>Birthrate:</b>	<b>Admission Date:</b>	<b>P &amp; I Balance:</b>
<b>PCP:</b>  Tel:	<b>Day program:</b> Address and telephone #s <b>Administrator:</b>		<b>UCI:</b> <b>UCSF #</b> <b>I also add in any local hospital # for my convenience.</b>
<b>Responsible Party (for day to day operations):</b>		<b>Emergency Contact / Legally Authorized Representative:</b> <b>Regional Center Social Worker:</b> <b>Telephone:</b>	
<b>Alternate (for day to day operations):</b>		<b>Family:</b> contact information. <b>If family are conservator I switch these two boxes and put family in the legally authorized space</b> <b>And GGRC in this spot</b>	
<b>CODE STATUS:</b> <b>POLST:</b> <b>Thinking Ahead:</b>		<b>ALLERGIES: / Alerts:</b>	

[illegible]

Current Diagnosis	Current Medications as off <b>insert date of meeting</b>
	<ul style="list-style-type: none"> <li>I use to indicate change for Case Managers</li> </ul>
Medication changes since admission *	I enter date and name of medication

Physician/Clinical Consultant/Specialist	
Dietician: Physical Therapist: Occupational Therapist: Name of Home Nurse Consultant: GGRC Nurse Consultant: Podiatry:	Dental: Cardiology: Endocrinology: Urology: Ophthalmology:  <b>Fill in appropriate providers, does not need us to keep providers on the list, that are not regularly seeing our residents</b>

NUTRITION												
Diet: <b>enter diet</b>												
IBWR:	Jan 2016	Feb 2016	March 2016	Apr 2016	May 2016	Jun 2016	July 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2015
Admit wt:												
HT:												
<i>Enter details of dietician's report</i>												

SPECIAL ISSUES / HEALTH AND WELLNESS				
Clinical Issue	<i>enter</i>	<i>quarter</i>	<i>dates</i>	<i>here</i>
ER / Hospitalization				
Special Incident Report				
	<i>If I have a lot of information I add a row, merge the cells and enter discussion This helps keep the report organized</i>			
Primary Care Dr. Kripke				Next visit scheduled for
Nutrition/ Dietary				
Cardiology				
Endocrinology	<i>If one time visit or lots of discussion I will collapse the cells, whatever seems to make sense so information is contained and not spread over multiple pages</i>			
Blood sugars				

SPECIAL ISSUES / HEALTH AND WELLNESS				
Clinical Issue	<i>enter</i>	<i>quarter</i>	<i>dates</i>	<i>here</i>
<b>Urology</b> Dr.				
<b>Ophthalmology</b> Dr.				
<b>Physical Therapy</b> , RPT	Date and Recommendations or other useful information for team:			
<b>Occupational Therapist</b>	Date and Recommendations or other useful information for team			
<b>Respiratory</b>				
<b>Dental</b>				
<b>Hearing</b>				
<b>Podiatry</b> Dr. Luong				
<b>ADL Status (Mobility, Eating, Transfer, Toileting, Dressing, bathing)</b> Baseline, requires minimal assistance with all ADLs at this time.				
<b>Bowel and Bladder Function</b> Baseline: continent of bowel and bladder				
<b>Skin</b> Baseline: clear & intact				
<b>Communications/</b>				

SPECIAL ISSUES / HEALTH AND WELLNESS				
Clinical Issue	<i>enter</i>	<i>quarter</i>	<i>dates</i>	<i>here</i>
Personality				
Individualized specialized medical equipment	Enter all personal equipment owned by resident. I also add the hospital bed etc			
Staff Training	Please see: staff orientation documentation, in-service book for ongoing training and competency binder for assessment level for all skills.			

LABS/XRAYS/DIAGNOSTIC PROCEDURE/IMMUNIZATION			
<i>Insert</i>	<i>Quarter</i>	<i>dates</i>	
Past Immunization:			

HEALTH CARE CONDITIONS		
Care Plan Problem	Goal	Care Plan

HEALTH CARE CONDITIONS		
Care Plan Problem	Goal	Care Plan

**Narrative summary:**

Prepared and Submitted by: \_\_\_\_\_

Date: