Qavalo

Patient Assessment Template

Ensure documentation completeness and accuracy while improving the patient visit experience

PATIENT ASSESSMENT FORM

1. INTRODUCTORY

Clinician Name					
Visit date		Visit time start		Visit time end	

2. DEMOGRAPHICS

Patient name			
Patient birthdate		Gender	

3. CLINICAL RECORD

Referral for ☐ SN ☐ PT ☐ OT ☐ ST ☐ HHA ☐ MSW

4. HOMEBOUND REASONS

☐ Residual weakness
☐ Requires maximum assistance/taxing effort to leave home
☐ Requires assistance for all activities
☐ Unable to safely leave home unassisted
☐ Confusion; unable to go out of home alone
☐ Others, please specify _____

5. PATIENT'S VITAL SIGNS

Temperature		O2 Saturation		☐ *Room air* / ☐ *with O2*
Pulse		Blood sugar		☐ *Random* / ☐ *Fasting* / ☐ *2 hrs Post*
Respiration		Height		
Blood Pressure		Weight		

6. FUNCTIONAL LIMITATION

☐ Amputation ☐ Dyspnea ☐ Paralysis ☐ Contractures ☐ Ambulation Diffuculty
☐ Hearing ☐ Endurance ☐ Speech ☐ Legally blind ☐ Bladder/Bowel Incontinence

7. ADVANCE DIRECTIVES

☐ YES Intent _____ Surrogate name _____ DNR: ☐ YES / ☐ NO
☐ NO

8. IMMUNIZATIONS

Flu	☐ NO / ☐ YES	Date	
Shingles	☐ NO / ☐ YES	Date	
Pneumonia	☐ NO / ☐ YES	Date	

9. SUPPORTIVE ASSISTANCE

☐ Round the clock ☐ Regular daytime ☐ Regular night ☐ Occasional

10. SAFETY/SANITATION HAZARDS

☐ None ☐ No water ☐ Obstructed pathway ☐ Fire hazards ☐ No gas ☐ Inadequate light
☐ Stairs ☐ Pets ☐ Insects ☐ Cluttered

11. CULTURAL

Language		Religion	

12. SENSORY STATUS

EYES	☐ WNL / ☐ Abnormal	*Indicate issue* _____
EARS	☐ WNL / ☐ Abnormal	*Indicate issue* _____
NOSE	☐ WNL / ☐ Abnormal	*Indicate issue* _____

13. PAIN

☐ No pain during assessment
☐ Pain present

Pain score	
Onset date	
Location	
Duration	
Quality	
Aggravating factors	
Relieved by	

Pain meds taken _____

Pain affect activity
☐ NO / ☐ YES State frequency _____

14. INTEGUMENTARY STATUS

WNL
WOUND PRESENT
Encircle:
Pressure ulcer
Stasis ulcer
Surgical Wound
Diabetic ulcer

WOUND DESCRIPTION *(If wound is more than 1, please provide separate sheet)*

Onset date	
Location	
Measurements	
Odor	
Drainage	
Treatment orders	
Pt response to tx	

15. RESPIRATORY STATUS

☐ WNL
☐ Abnormal
O2 saturation _____ Lung sounds _____
SOB, indicate aggravating factors _____

16. ENDOCRINE STATUS

☐ WNL

☐ Abnormal ☐ Diabetes ☐ Thyroid problems ☐ other conditions

If with DM: BS Results

Insulin? ☐ YES / ☐ NO

17. CARDIAC STATUS

☐ WNL

☐ Abnormal, indicate

Cap refill time

Peripheral pulses

18. ELIMINATION STATUS

☐ GI ☐ WNL Abnormal: ☐ Diarrhea ☐ Constipation ☐ Ostomy Last BM date

☐ GU ☐ WNL Abnormal: ☐ FBC ☐ Urostomy ☐ Neprostomy ☐ P. Dialysis ☐ Hemodialysis

19. NUTRITION

☐ WNL ☐ Abnormal : PEG / NG FEEDING / OTHERS

20. NEURO/EMOTIONAL/BEHAVIORAL STATUS

☐ WNL Orientation

☐ Abnormal: ☐ Disoriented ☐ Forgetful ☐ Depression ☐ Impaired Decision-making ☐ Anxiety

21. MUSCULOSKELETAL STATUS

☐ WNL

☐ Abnormal

Weakness	*location*	
Stiffness	*location*	
Bedbound		
Chairbound		
Paralysis		
Hemiplegia	*indicate part*	
Paraplegia	*indicate part*	

Assistive device

22. FALL RISK ASSESSMENT

☐ YES / ☐ NO

Patient at risk for fall

Patient not risk for fall

23. MEDICATION REVIEW (Attach medication list)

ORAL ☐ YES / ☐ NO

INJECTABLES ☐ YES / ☐ NO

24. ORDERS FOR DISCIPLINE AND TREATMENTS

SN _____ ST _____

PT _____ MSW _____

OT _____ HHA _____

25. SKILLED INTERVENTIONS / NARRATIVE (Free text)

PATIENT DEMOGRAPHICS (e.g. age, gender, race, living situation):

Diagnosis that brings patient to home health: _____

Past medical/surgical history: _____

Homebound reasons:

- ☐ Residual Weakness
- ☐ Requires max assistance/taxing effort
- ☐ Need assistance for all activities
- ☐ Unable to safely leave home unassisted
- ☐ Confusion; Unable to go out of home alone

Others, pls specify: _____

Home health required for:

SN _____

PT _____

OT _____

ST _____

Doctor called and notified of Home Health admission (must be an MD) _____

Person spoke with: _____ Date and time of call: _____

Verified MD will follow patient and sign orders: ☐ YES / ☐ NO

Date of next doctor's appointment: _____

Date of face-to-face visit: _____

Approximate length of home health services: _____

Other doctors that can sign orders for patient:

Ordered frequency: SN: _____ PT : _____ OT: _____ ST: _____ HHA: _____ MSW: _____

Education provided at today's visit: _____

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- Home Health Coding
- Documentation Review
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 • +1 (916) 282-9868 • info@qavalo.com • www.Qavalo.com