

VIRGINIA UNIFORM ASSESSMENT INSTRUMENT

Attachment to Public Pay Short Form Assessment

_____ (Client Name)

_____ (Client Social Security Number)

Medication Administration	
How can you take your medicine?	
_____ Without assistance 0	_____ Administered/monitored by lay person 1 D
_____ Administered/monitored by professional nursing staff 2 D	
Describe help / Name of helper:	_____

PSYCHO-SOCIAL STATUS

Behavior Pattern
_____ Appropriate 0
_____ Wandering/Passive – Less than weekly 1
_____ Wandering/Passive – Weekly or more
_____ Abusive/Aggressive/Disruptive – Less than weekly 3 D
_____ Abusive/Aggressive/Disruptive – Weekly or more 4 D
_____ Comatose 5
Type of inappropriate behavior:
Current psychiatric or psychological evaluation needed? <input type="checkbox"/> No 0 <input type="checkbox"/> Yes 1

Orientation
_____ Oriented 0
_____ Disoriented – some spheres, some of the time 1
_____ Disoriented – some spheres, all of the time 2
_____ Disoriented – All spheres, some of the time 3 D
_____ Disoriented – All spheres, all of the time 4 D
_____ Comatose 5
Spheres affected:

ASSESSMENT SUMMARY

Prohibited Conditions
Does applicant/resident have a prohibited condition? <input type="checkbox"/> No 0 <input type="checkbox"/> Yes 1
Describe:

Level of Care Approved
Level of care approved:
1) Residential Living _____
2) Regular Assisted Living _____
3) Intensive Assisted Living _____

Assessment Completed				
Assessor's Name	Signature	Agency	Provider Number	Date
Comments:				

UNIFORM CONSENT TO EXCHANGE INFORMATION FORM

Full Printed Name of Client: _____

FOR AGENCY USE ONLY

CONSENT HAS BEEN:

- Revoked in entirety
 Partially revoked as follows:

NOTIFICATION THAT CONSENT WAS REVOKED WAS BY:

- Letter (Attached Copy) Telephone In Person

DATE REQUEST RECEIVED: _____

(Agency Representatives Full Name and Title)

(Agency Address and Telephone Number)