

Uniform Assessment System - New York

Personal Health Summary Report

Consumer Name: Any Person	Medicaid ID: BB12345G	NFLOC Score: 18
Community Assessment Date: 02/27/2013	Functional Supplement Date: 02/27/2013	

Category and Item	Response
Mental Health	
Cognitive Performance Scale (scale 0-6) 0-6 range: Intact, Borderline, Mild, Moderate/Severe, Severe, Very Severe	2/Mild impairment
Depression Rating Scale (scale 0-14) 0-14 range: Score of 3 or greater suggests possible depression	7
Communication	
Making self understood	Usually understood
Ability to understand others	Understands
Hearing	Minimal difficulty
Vision	Moderate difficulty
Social Functioning, Social Support and Home Situation	
Informal helper status 0-4 range: Helper(s) unable to continue, unwilling to assist, feelings of distress, overwhelmed	3 - Unable to continue, Feelings of distress, Overwhelmed
Person unaccepting of helper(s) involvement	One Helper
Lives alone	No
Home Environment Concerns 0-5 range: Home disrepair, Squalid conditions, Poor heating/cooling, Unsafe, Poor access	4 - Home disrepair, Poor heating/cooling, Unsafe, Poor access
Physical Functioning	
ADL Self Performance Heirarchy (scale 0-6) 0-6 range: Early, middle & late loss ADLs: Hygiene, Toilet use, Locomotion and Eating	2/Limited impairment
Transfer toilet	Supervision
Locomotion in home	Supervision
IADL assistance needed 0-9 range: Meals, Housework, Finances, Meds, Phone, Stairs, Shopping, Transportation, Equipment	8 - Meals, Housework, Finances, Meds, Stairs, Shopping, Transport, Equipment
Pain	
Pain Scale 0-4 range: No pain, Less than daily, Daily not severe, Daily excruciating	1/Less than daily pain
Continance	
Bladder continence	Continent
Bowel continence	Continent
Falls Risk	
Falls	No fall in last 30 days, but fell 31-90
Symptom Review	
Dyspnea, Fatigue	

Functional Supplement Diseases

<u>Disease</u>	<u>Disease Diagnosis</u>
Hemiplegia	Primary diagnosis/diagnosis for current stay
Multiple sclerosis	Primary diagnosis/diagnosis for current stay

Consumer Name: Any Person

Medicaid ID: BB12345G

NFLOC Score: 18

Community Assessment Date: 02/27/2013

Functional Supplement Date: 02/27/2013

Paraplegia Primary diagnosis/diagnosis for current stay

Quadriplegia Primary diagnosis/diagnosis for current stay

Other Diseases

<u>Disease</u>	<u>Disease Diagnosis</u>	<u>ICD9 Code</u>
HYMENOLEPIASIS	Primary diagnosis/diagnosis for current stay	123.6

Medications and Allergies

<u>Allergies</u>	<u>Response</u>
Allergy to any drug	Yes

Allergic drug or category of drugs

Other allergies

<u>Drug Name</u>	<u>Dose</u>	<u>Unit</u>	<u>Route</u>	<u>Frequency</u>	<u>PRN</u>
prozac	5.000	mg (milligram)	PO (By mouth/oral)	QD (Daily)	No
tylenol	50	mg (milligram)	PO (By mouth/oral)	QD (Daily)	Yes