

ADL FUNCTIONAL/RESTORATIVE RECORD

INSTRUCTIONS: Upon admission and quarterly (or a minimum frequency thereafter), identify the restorative issues in all areas listed. Where appropriate, specify, include the procedure number that best describes the restorer.

ASSESSMENT DATE						COMMENTS
		1	2	3	4	
A. MENTAL STATUS						
1 - Oriented x 2		3 - Oriented x 1				
2 - Oriented x 1		4 - Disoriented				
B. COMMUNICATION STATUS						
(Check all that apply)						
a. Normal						
b. Aphasic						
c. Stunted speech						
d. Dysarthria/Stutter						
e. Lip needs/signs						
f. Communication board						
g. Speech therapy						
h. Language barrier						
C. HEARING STATUS						
(Check all that apply)						
1 - Adequate		3 - Poor				
2 - Good w/ glasses		4 - Deaf				
D. VISION STATUS						
(Check all that apply)						
1 - Adequate		3 - Blind				
2 - Good w/ glasses		4 - Frustated				
3 - Poor						
E. TRANSFER/AMBULATION						
1 - Independent		(Use code from left column)				
2 - Set up only		a. Transfer				
3 - 1 Assist		b. Ambulation				
4 - 2 Assist		c. Bed mobility				
5 - Dependent		d. Positioning				
6 - Full		(Use code from left column)				
7 - Partial		a-Right leg b-Left leg				
8 - None		Weight bearing ability				
ADAPTIVE EQUIPMENT						
(Check all that apply)						
a. Bedliner/Cushion						
b. Mechanical lift						
c. Mattress (Cool-Air/Water) / G-pad						
d. Gait belt						
e. Canes						
f. Walker						
g. Wheelchair						
h. Crutches						
i. Trapes						
j. Pillows						
F. PERSONAL GROOMING/DRESSING						
1 - Independent		(Use codes from left column)				
2 - Needs assist		a. Oral care				
3 - Totally dependent		b. Bath (Tub)				
4 - OT		c. Hair care				
5 - PT		d. Shaving				
		e. Dressing (R / L)				
G. TOILETING						
1 - Independent		(Use code from left column)				
2 - Limited assist		Seating status				
3 - Total assist						

Name Last First Middle Standing Physician Record No. Room/Bed