Patient name:		DER ADULTS (ID:
				Memory intact: YesNo
imbulatory status: No	assistance	_Needs assistance	_ Vision: Exce	llentDiminished
learing: Excellent	Diminished_	Speech: Clear	_ Impaired(describe)
AIN ASSESSMENT:	No pain	Complains of pa	ain	
Using the diagram below, circle where the patient's primary pain is located:			Using the scale below, circle the level of pain the patient is feeling:	
Right Left Right	Left Left	Right Right Left	No Pain O 1 2	Moderate Wors Pain Pain 3 4 5 6 7 8 9 10 2 4 6 8 10
es the patient have p	roblems or need	d assistance with: Bath	ing/Grooming:	Eating:Dressing:Walking:
ctivities of DAILY the patient have properties the patient have properties. Transferring: DVANCED CARE PL tient has: Advanced d	roblems or need g toilet:Bl ANNING (AC irective:Li	d assistance with: Bath adder continence: P: Indicate YES(Y) or ving will:Surrogates.	ing/Grooming: Bowel continen NO (N) and ente	Eating:Dressing:Walking: ce: r date of ACP discussion:
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