



To Update a Client Assessment, go to the client record, click "Details"

Provider Client Nutrition Health Score :	High Risk Of Malnutrition			
Client Status :	A			
Date Of Birth :	9/7/1924			
Registration Date	3/28/2014			
Address :	4305 MAIN ST. NW.			
City :	SEAGROVE			
State :	NC			
Zip :	27012			
County :	Randolph			
Phone :	(336) 904-2541			
Sex :	Male			
Marital Status :	Married			
Emergency Contact Person				
Name:	LEIGH ANN MANESS			
Day Time Phone: (336) 904-2541				
Evening Phone: () -				
<input type="button" value="Update"/> <input type="button" value="cancel"/>				
Provider Client Services				
Date	Service Code	Service Name	Service Status	Allow Care Recipients
5/8/2014	022	HOME DELIVERED MEALS SUPP	A	No
3/31/2014	020	HOME DELIVERED MEALS	A	No
<input type="button" value="Add/Update Services"/>				
Provider Client Assessments				
Assessment Date	Functional Status	Nutrition Health Score		
4/6/2015	High Risk	High Risk Of Malnutrition	Details.....	
9/11/2014	At Risk	High Risk Of Malnutrition	Details.....	
5/8/2014	At Risk	High Risk Of Malnutrition	Details.....	
3/31/2014	At Risk	High Risk Of Malnutrition	Details.....	



This will bring up the Provider Client Assessment Details.

Aging Resource Management System
G.Susan.Ferriola

Home Region Allocation Region Budget Provider Budgets Providers Clients Export Reports

Provider Client Assessment Details

Assessment Date: / /

View / Correct (no new assessment date needed)
 New Assessment / Re-Assessment (requires a new assessment date)

Nutrition health score

Question	Response	Refused to answer
a.Do you have an illness or condition that made you change the kind and/or amount of food you eat?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="checkbox"/>
b.How many meals do you eat per day?	3 or more ▾	<input type="checkbox"/>
c.How many fruits per day?	1 ▾	<input type="checkbox"/>
d.How many vegetables per day?	3 or more ▾	<input type="checkbox"/>

Check "New Assessment / Re-Assessment" and type in new date.

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Nutrition health score

Question	Response	Refused to answer
a.Do you have an illness or condition that made you change the kind and/or amount of food you eat?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="checkbox"/>
b.How many meals do you eat per day?	3 or more ▾	<input type="checkbox"/>
c.How many fruits per day?	1 ▾	<input type="checkbox"/>
d.How many vegetables per day?	3 or more ▾	<input type="checkbox"/>
e.How many milk/dairy products per day?	1 ▾	<input type="checkbox"/>



Change the answers that need to be changed; If nothing has changed scroll to the bottom and Click "update"

e. Transfer into/out of bed or chair	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Needs help and has paid help <input type="radio"/> Needs help and has both unpaid and paid help <input type="radio"/> Needs help and has no help
f. Ambulate (walk or move about the house without anyone's help)	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Needs help and has unpaid help <input type="radio"/> Needs help and has paid help <input type="radio"/> Needs help and has both unpaid and paid help <input type="radio"/> Needs help and has no help

23. How many unpaid caregivers involved in care including primary caregiver? 0 1 2 3 or more

24. How many hours per day of help, care, or supervision does client need? (Select DAILY or WEEKLY)

a. # of daily hours needed b. If not daily, # of hours per week needed

25. How many hours per day of help, care, or supervision does caregiver provide? (Select DAILY or WEEKLY)

a. # of daily hours provided b. If not daily, # of hours per week provided

26. Caregiver's Relationship to care recipient

Wife Granddaughter/in-law Grandmother
 Husband Grandson/in-law Grandfather
 Daughter/in-Law Niece Aunt
 Son/in-law Nephew Uncle
 Sister Mother Other relative
 Brother Father Non-relative

Done.