

1398 CARROLLTON CROSSING DRIVE KERNERSVILLE, NC 27284 336.904.0300 | FAX 336.904.0302

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

Pr	ovider Client	Nutrition Health	Score:	High Risk Of Malnutrion							
Cl	ient Status :			Α							
Dā	te Of Birth:			9/7/1924							
Re	egistration Da	te		3/28/2014							
Αc	ldress :			4205 MATT INU.							
Ci	ty:			SEAGROVE							
St	ate :			NC							
Zij	p:			2,0,1							
Co	ounty:			Randolph							
Ph	ione:			(, -, -, -, -, -, -, -, -, -, -, -, -,							
Se	ex:			Male							
M	arital Status :	:		Married							
Г	Emergency (	Contact Person –									
	Name: I FICH ANN MANICS										
	Day Time Ph	one: (33°)	∠541								
	Evening Pho	ne: ()-									
	Update cancel										
Provider Client Services											
						Allow Care					
	Date	Service Code		Service Name	Service Status	Recipients					
	5/8/2014	022	HOME D	ELIVERED MEALS SUPP	А	No					
	3/31/2014	020	HOME D	ELIVERED MEALS	Α	No					
	Add/Update	Services									
P	rovider Cl	ient Assessn	nents								
	Assessme Date	Functional	Status	Nutrition Health Scor	e						
	4/6/2015	High Risk		High Risk Of Malnutrion	Details						
	9/11/2014	At Risk		High Risk Of Malnutrion	Details						
	5/8/2014	At Risk		High Risk Of Malnutrion	Details						
	3/31/2014	At Risk		High Risk Of Malnutrion	Details	<u></u>					

1. 10-12-2015

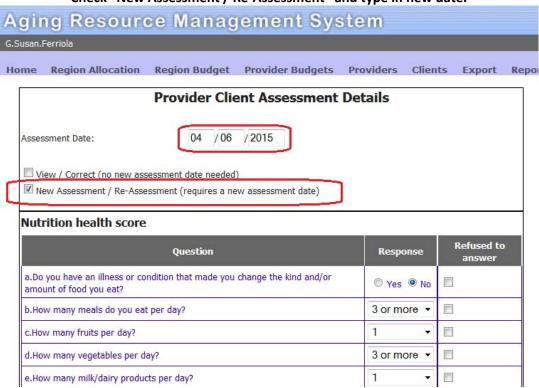


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#### This will bring up the Provider Client Assessment Details.

anagement Sys	stem				
Budget Provider Budgets	Providers Clien	ts Export Repor			
ler Client Assessment	Details	314			
4 / 06 / 2015					
te needed) Juires a new assessment date)					
Nutrition health score  Question					
a.Do you have an illness or condition that made you change the kind and/or amount of food you eat?					
b.How many meals do you eat per day?					
c.How many fruits per day?					
d.How many vegetables per day?					
	er Client Assessment  4 / 06 / 2015  te needed) uires a new assessment date)	tion Response			

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



2. 10-12-2015

# PIEDMONT TRIAD REGIONAL COUNCIL AREA AGENCY ON AGING



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

e.Transfer into/out of b	ed or chair	© Yes	No	Needs help and has Needs help and has Needs help and has	both unpaid and paid help				
f.Ambulate (walk or move about the house without anyone's help		© Yes ● No		Needs help and has unpaid help Needs help and has paid help Needs help and has both unpaid and paid help Needs help and has no help					
23. How many unpaid caregivers involved in care including primary caregiver?									
24. How many hours per day of help,care, or supervision does client need? (Select DAILY or WEEKLY)									
a. # of daily hours needed Daily b.If not daily, # of hours per week needed Weekly 0									
25. How many hours per day of help,care, or supervision does caregiver provide? (Select DAILY or WEEKLY)									
a. # of daily hours provided Daily 24 b.If not daily, # of hours per week provided Weekly 0									
26. Caregiver's Relationship to care recipient									
© Wife	○ Wife								
□ Husband □ Grandson/in-law □ Grandfather									
○ Daughter/in-Law ○ Niece			O Aunt						
Son/in-law     Nephew		O Uncle							
Sister Mother		Other relative							
Brother	Father		Non-re	elative					
			Update	cancel					

Done.

3. 10-12-2015