Report of Medical History

Contents

Subject

Functional Assessment

This section is required of all applicants. It is an objective evaluation by a qualified examiner.

(circle one)

1. Using telephone

a. Able to look up number, dial, receive and make calls without help.
b. Able to answer phone or dial operator in an emergency, but needs special phone or help in getting number or dialing
c. Unable to use phone

2. Traveling

a. Able to drive own car
b. Able to travel alone on bus or taxi
c. Unable to travel

3. Shopping

a. Able to take care of all food and clothes shopping with transportation provided
b. Able to shop but need someone to travel with
c. Unable to shop

4. Housework

a. Able to do heavy tasks such as floors and bathrooms and laundry.
b. Able to do light housework, but needs help with heavy tasks
c. Unable to do any housework

5. Taking medicine

a. Able to prepare/take medicine in the right dose at the right time
b. Able to take medicines but needs reminding or someone to prepare meds
c. Unable to take meds

6. Managing money

a. Able to manage buying needs, writing checks and paying bills
b. Able to manage daily buying needs, but needs help managing checkbook, paying bills
c. Unable to handle money

7. Bathing (sponge, shower, tub)

a. Able to bathe completely or need help with only a single body part
b. Needs help with more than one body part, getting in/out of tub or needs special tub attachments
c. Completely unable to bathe self

8. Dressing/Undressing

a. Able to pick out clothes, dress and undress self, manage fasteners & braces, tying shoes included
b. Needs assistance or remains partially undressed
c. Completely unable to dress and undress self

9. Personal grooming

a. Able to comb hair, shave without help
b. Needs help to comb hair, shave
c. Completely unable to care for appearance

10. Toileting

a. Able to get to, on and off toilet, arrange clothes, clean body of excretions.
b. Uses bed pan or urinal only at night
c. Needs help getting to and using toilet, uses bedpan and urinal regularly
d. Completely unable to use toilet

11. Continence

a. Urination/defecation self controlling
b. Partial or total urine/stool incontinence or control by enemas, catheters, regular use of urinal/bedpan
c. Uses catheter or colostomy

12. Transfer

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a. Able to get in/out of bed/chair without human assistance and medical aids.
b. Needs human assistance and/or mechanical aids
c. Completely unable to transfer, needs lift

13. Ambulation

a. Can you ambulate alone with or without device? Yes____ No_____

b. Can you ambulate with physical assistance of 1 person? Yes_____ No_____

c. Can you ambulate 200 feet without getting short of breath? Yes_____ No_____

d. Do you need oxygen when you ambulate or engage in activity? Yes____ No____

e. Can you ascend and descent 8 steps on your own? Yes____ No____

f. Can you ascent and descent 8 steps with Physical assist of 1 person? Yes____ No____

g. Do you use a walker, cane, crutches, or electric wheelchair/scooter for mobility?
Yes_____ No_____
Type:_____

h. Do you use an electric wheelchair/scooter for more than 50% of your activity involvement during the day?
Yes_____ No _____

14.Living Arrangements

a. Do you live alone? Yes____ No____

b. Do you live with a family member**?**
Yes____ No_____

c. Do you live in an assisted living facility?
Yes____ No____

d. Are you living in a nursing home now or have you been in a nursing home in the last 6 months? Yes____ No_____

e. Do you live in a house or and apartment?
Yes____ No_____

15. Durable Medical Equipment

Do you need or use any of the following:
(Circle all that apply)

a. cane
b. walker
c. wheelchair (manual)
d. Electric Wheelchair/Scooter
e. Crutches
f. Recliner Chair that brings you to your feet
g. Shower Chair
h. Raised Toilet Seat
i. Grab Bars

Subject: Functional Assessment Completed by Licensed Occupational/Physical Therapist

Patients Name: _____
Print **Signature**

Date Completed: _____

Address: _____
_____
_____

Telephone Number: _____

Licensed Occupational/Physical Therapist: _____
Print Name

_____
Signature

Return to: **AFRH – PAO #1305**
3700 North Capital Street, NW
Washington, DC 20011-8400

Fax Number: **(202) 730-3492**