



HEALTHPRO[®]
HERITAGE

HEY THERAPY!

Our goal with therapy services is to ensure that each resident achieves his/her maximum potential in the safest manner possible. Please check the area(s) below that pertain to the resident named. If you have any questions, please contact the HealthPRO® Heritage Therapy Team!

Resident Name: _____

Apt/Room #: _____ **Date:** _____

Person Referring: _____

- Difficulties with walking - holding onto furniture or walls for support
- Frequent loss of balance, swaying, falling backwards
- Loss of joint movement
- Ability to move from one surface to another (toilet, bed, w/c, car, etc.)
- Difficulties with using a walker/cane
- Difficulties with moving in wheelchair
- Leaning, slouching, w/out cushion in wheelchair
- Skin breakdown/sores present
- Safety concerns - risk of fall or injury
- Tires easily/increased fatigue
- Complaints of pain
- Coughing, runny nose, watery eyes, and clearing throat while consuming food/drink
- Weight loss
- Difficulties with vision
- Difficulties with hearing
- Loss of memory/increased confusion
- Difficulties with bathing, dressing, eating, grooming, etc.
- Depression/anxiety, lack of daily life participation
- Incontinence (bowel or bladder)
- Difficulties with managing oxygen
- Difficulties with home tasks (meal prep/clean up, laundry, pet care, etc.)
- Unable to use elevator safely
- Cluttered apt/room, unsafe living space
- Frequent fire/smoke alarm activation
- Inability to use call light/bell
- Unknown emergency/evacuation route
- Absence from usual meals, activities/events
- Lack of attendance/participation with outings
- Medication concerns - errors, organizing, schedule
- Difficulties with scheduling appointments/following a calendar
- Inability to operate necessary technologies (smart phones/devices, contacting loved ones)
- Unaware of medical conditions, etc.
- Other _____