



HEALTHPRO®  
HERITAGE

# HEY THERAPY!

Senior Living

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 \_\_\_\_\_