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| **Client Health Assessment Form** | | | | | | | |
| **Last Name**: Robisky | | **First Name:** Robert | | **DOB**:10/28/1997 | | **Age**: 26 | |
| **Gender:** Male | | **Contact Phone**: 732-409-0779 | | | | **Ass Date:** 12/17/2023 | |
| **Contact Name/Relationship:**  Pauline (mother) | | | **Address**:  28 Villanova Dr. | | **City**: Freehold | | **State**:  New Jersey |
| **Zip Code:**  07728 | **Visit**: In Person | | **Time In:** | | **Time Out**: | | **DX**: Quadriplegic |
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| **Vital Signs:** | **T**: 97.4 | **Pulse (regular):** 83 | | **Resp:** 18 | **BP:** 110/64 | **Wt.** 138 lbs. | **H:** 5’10 |
| **Mental/ Behavioral Health:** Client is AAOX3, Client can make needs known through a speaker that is connecting to chair. No behavior noted at time of visit. | | | | | | | |
| **Integuments skin:** Client has G-Tube located LLQ that is not in used at this time. G-Tube is intact No S/S of infection or Complication noted at time of visit. Client also has Tracheostomy, Trach in place/intact w/o discoloration nor infection noted. Client skin intact / clean. | | | | | | | |
| **Lung:** Client lungs sound clear bilateral, no abnormalities / SOB observed at time of assessment. Client where comfortable settling right in power wheelchair. Client V/S normal, pulse site within normal range 98% Room Air. | | | | | | | |
| **Nutrition:** Client is on soft die, account to client mother. This nurse was not present during client mealtime. | | | | | | | |
| **Elimination:** Client has supari-pubic catheter connect to leg. Catheter patent draining clear yellow urine. No s/s of cloudy urine or infection noted at time of visit. According to client mother, she gives client suppository for bowel moment. Bowel sound heard in all four (4) quadrants. | | | | | | | |
| **Mobility:** Client is totally dependent; Hoyer lift is used to transfer client from power wheelchair to bed and back to chair. Hoyer lift is also used during bath. Client moves by way of Drive Medical Titan- Wheel Power Wheelchair around in home. Client can use the power wheelchair well without difficulty. | | | | | | | |
| **Sleep:** Client sleep on the first floor. Client environments seem safe and comfort at the time of visit. According to client mother, client sleep all through the time w/o discomfort. | | | | | | | |
| **Pain:** Client shows no s/s of pain or distress at the time of visit. Client seen comfort during the time of visit. Client families are very supportive with care. | | | | | | | |
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| **Nurse Signature: Karen Kialen. Date: 10/28/23** | | | | | | | |
| **Family Signature PAULINE ROBISKY Date:10/28/23** | | | | | | | |
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