

District Name _____ #

Sask. Health Services Card Number

Client Name _____
Surname Given name Initial

or
Out of Province Health Number _____

File Reference Code

State Province _____

Date of Birth Year Month Sex 1 Male 2 Female

<p>Type of Admission</p> <p><input type="checkbox"/> 1 Regular</p> <p><input type="checkbox"/> 2 Short term nursing</p> <p>Hospital Discharge Information</p> <p><input type="checkbox"/> 1 Yes - directly to home care</p> <p><input type="checkbox"/> 2 Yes - within previous 30 days</p> <p><input type="checkbox"/> 3 No</p>	<p>Type of Residence</p> <p><input type="checkbox"/> 1 House (single family detached)</p> <p><input type="checkbox"/> 2 Apartment (self-contained, including attached housing) - Senior citizens' housing</p> <p><input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p> <p><input type="checkbox"/> 3 Special-care home</p> <p><input type="checkbox"/> 4 Other care home - including private care home, group home, approved home, etc.</p> <p><input type="checkbox"/> 5 Boarding house, rooming house, hotel</p>	<p>Type of Care</p> <p><input type="checkbox"/> 1 Palliative care</p> <p><input type="checkbox"/> 2 Acute care</p> <p><input type="checkbox"/> 3 Supportive care</p> <p>Support Rating <input type="text"/></p>	<p>Income Category <input type="text"/></p> <p>Number living on income <input type="text"/></p> <p>Subsidy Requested?</p> <p><input type="checkbox"/> 1 Yes</p> <p><input type="checkbox"/> 2 No</p>
<p>Marital Status</p> <p><input type="checkbox"/> 1 Single (never married)</p> <p><input type="checkbox"/> 2. Married</p> <p><input type="checkbox"/> 3. Widowed</p> <p><input type="checkbox"/> 4. Divorced or Separated</p>	<p>Place of Residence</p> <p><input type="checkbox"/> 1 Farm/Rural</p> <p><input type="checkbox"/> 2 Village/Hamlet</p> <p><input type="checkbox"/> 3 Town</p> <p><input type="checkbox"/> 4 City</p>	<p>Level of Care</p> <p><input type="checkbox"/> Level 1</p> <p><input type="checkbox"/> Level 2</p> <p><input type="checkbox"/> Level 3</p> <p><input type="checkbox"/> Level 4</p> <p><input type="checkbox"/> Not applicable</p>	<p>Income Plans (Mark as many as applicable)</p> <p><input type="checkbox"/> 1 Sask Assistance Plan (SAP)</p> <p><input type="checkbox"/> 2 Family Income Plan</p> <p><input type="checkbox"/> 3 Sask Income Plan (SIP) - DVA Pension <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p> <p><input type="checkbox"/> 4 None</p> <p><input type="checkbox"/> 5 Unknown</p>
<p>Living Arrangements</p> <p><input type="checkbox"/> 1 Lives alone</p> <p><input type="checkbox"/> 2 With spouse only</p> <p><input type="checkbox"/> 3 With spouse and others</p> <p><input type="checkbox"/> 4 With other family members</p> <p><input type="checkbox"/> 5 With others</p>	<p>Optional Codes (for District use)</p> <p>Code A <input type="text"/></p> <p>Code B <input type="text"/></p> <p>Code C <input type="text"/></p>	<p>TMI <input type="text"/></p> <p>AMI <input type="text"/></p>	

Admission Date

Assessment Committee Member _____