

Client Admission and Additional Information



Client Admissions	2
Add Client Pictures	2
Addresses	3
Personal Information	3
Personal Instructions (Soft Coded) Text Fields	3
Client Profile: Summary Questions	4
Client Services	4
Immunization History	4
Client Profile Report	5
People Involved in Care	5
Organizations Involved in Care	6
Associate an Organization with a client:	6
Pharmacies Involved in Care	6
Associate a Pharmacy with a Client:	7
Medical Professionals (and Preferred Hospital)	8
Associate Medical Professionals with Clients:	8
Inactivate/ Reactivate Medical Professionals	9
Medical Professional/Client associations List	9
Archive duplicate and inactive Medical Professional Records	9
Case Workers	10
Associate a case manager with a client and indicate if Primary	10
Inactivate/ Reactivate Case Managers	11
Payers	11
Service Agreements	11
Financial Information	12
Client Additional Information	12
MHS	12
Periodic Reports	12
Directives and Comments	12
Diagnosis	13
Allergies	13
Abuse Neglect/Risk	13

Resident Evacuation..... 14

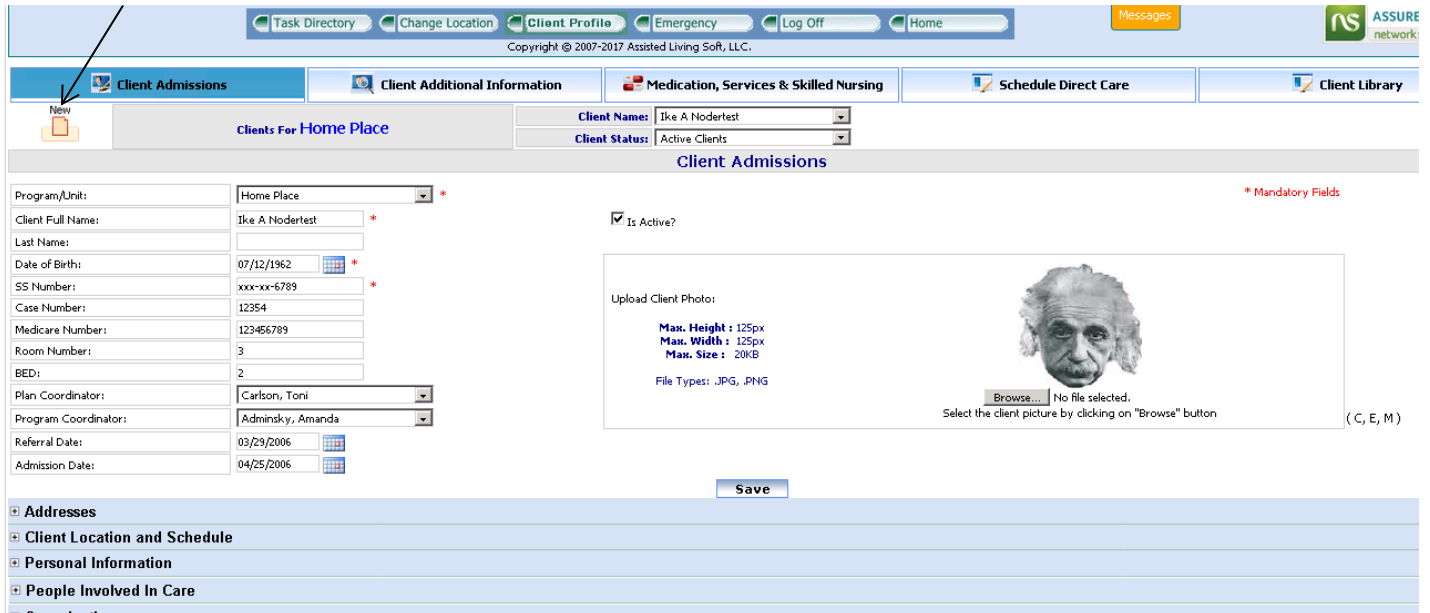
Individual Service Plan / Care Plan/ Plan of Care..... 14

Client: Attached Documents 14

Client Admissions

Task Directory / Client Information and Program

CLICK NEW



The screenshot shows the 'Client Admissions' form in the software. At the top, there are navigation tabs: Task Directory, Change Location, Client Profile, Emergency, Log Off, and Home. Below these are buttons for Client Admissions, Client Additional Information, Medication, Services & Skilled Nursing, Schedule Direct Care, and Client Library. The form itself is titled 'Clients For Home Place' and includes a 'New' button. Fields include: Program/Unit (Home Place), Client Full Name (Ike A Nodertest), Last Name, Date of Birth (07/12/1962), SS Number (xxx-xx-6789), Case Number (12354), Medicare Number (123456789), Room Number (3), BED (2), Plan Coordinator (Carlson, Toni), Program Coordinator (Adminsky, Amanda), Referral Date (03/29/2006), and Admission Date (04/25/2006). A photo upload section is on the right with a 'Browse' button and a 'Save' button at the bottom. A red asterisk indicates mandatory fields.

Required fields: Name, Date of Birth, SSN (you can just enter an x or last 4 as desired)

Plan Coordinator is generally the person who manages the location, Program Coordinator is generally the Quality person. Both fields are soft-coded and the labels can be changed to match your company policy.

Enter all desired information and upload client/patient picture. **Don't forget to SAVE.**

Pharmacy Interface Users: At this point prescription records will populate the system for the entered client/patient.

Client Name and Date of Birth must MATCH.

Add Client Pictures

Click the Browse button.

Find the picture on your hard drive.

Select it

Click Save.

The picture must be a JPG or GIF file **AND** Total file size is limited to 20kb **AND** 125x125 pixels – you can use Paint or any program that will allow you to resize by pixels.

Addresses

This area contains specific addresses and contact information for the client other than the Location to which they are assigned. Examples – Client lives in the community and attend your program. Client lives in an apartment and receives living support.

Addresses			
Home Address1:	7839 Brooklyn Avenue		
Home Address2:			
City:	St. Paul MN	Home Phone:	651-566-7860
State:	MN	Work Phone:	
Zip:	55445	Other Phone:	
Email:		County:	
<input type="button" value="Save"/>			

Personal Information

This information controls the medication Administration page, and provides information for the Client Profile Report which is available from every page in Adaptive. See Client Profile section later in this document for more information.

Personal Information			
Height:	7' 2"	Weight:	298
Services Needed:	Full support		
Gender:	Male	Number of Children:	0
Ethnicity:	N/A	Ethnicity Other:	
Race:	Caucasian	Marital Status:	Single
Religion:	N/A	Self Medicated:	<input type="checkbox"/>
Self Medicated:	<input type="checkbox"/>	Med Logs Required:	<input checked="" type="checkbox"/>
Self Guardian:	<input type="checkbox"/>		

Self-medicated = do not include this client in late charting reminders, but do create a medication administration page.
Med Logs Required = Do not create a medication administration page, but do keep a record of medications that are prescribed.

Do NOT uncheck Med Logs Required if you want to chart on medication administration!

Personal Instructions (Soft Coded) Text Fields

These are large text fields where you can carry additional information required for the client – example Living Will, Funeral Plans etc. They only display here.

PersonalInstructions 1:	This is where you can carry Living Will information, Funeral Preferences etc. Anything you wish. - the field labels are soft coded.
PersonalInstructions 2:	
PersonalInstructions 3:	

Hygiene Nutritional Toileting Mobility

Client Profile: Summary Questions

Hygiene, Nutritional, Toileting, Mobility

Hygiene:			
Hand Washing:	Verbal Assist	Tooth Brushing:	Verbal Assist
Face Washing:	Verbal Assist	Bathing:	Verbal Assist
Shaving:	Independent	Nail Care:	Physical Assist
Hair Care:	Independent	Dressing:	Verbal Assist
Undressing:	Verbal Assist	Clothing Selection:	Verbal Assist
Menstrual Care:	Not Applicable	Staff Gender Choice:	Male
Hygiene Comments:	Rick is very aware of his appearance.		
Nutritional:			
Diet:	NO FISH, Low Fat	Food Consistency:	Regular
Hand Dominance:	Right	Fluid Intake:	No special instructions
Utensils:	No special requirements	Instructions for Eating:	No special requirements
Instructions for drinking:	No special requirements	Swallows with Difficulty:	No
Favorite Foods:	Pizza, Enchiladas, and Roast Beef.	Food Dislikes:	Peas
Toileting:			
Independent:	<input checked="" type="radio"/> Yes <input type="radio"/> No	Not Independent:	Not Applicable
Toileting Attends:	<input type="radio"/> Yes <input checked="" type="radio"/> No	Attends Size:	Not Applicable
BM Charting:	<input checked="" type="radio"/> Yes <input type="radio"/> No	BM Procedure:	Monitor for constipation
Mobility:			
Ambulatory:	<input checked="" type="radio"/> Yes <input type="radio"/> No	Bear Weight:	<input checked="" type="radio"/> Yes <input type="radio"/> No
Lifting/Positioning:	No special requirements	Adaptive Equipment:	No special requirements
Protective Devices:	No special requirements	Facility Adaptation:	No special requirements

Behavioral

Behavioral:			
Behavior Treatment Plan:	<input checked="" type="radio"/> Yes <input type="radio"/> No	Target Behaviors:	peeing, head banging
Alternative Behaviors:	video games, music	Highlight of Behavior Plan:	Staff will watch for signs of stress and redirect as required.
General Behavior Issues:	Rick is generally a very agreeable person.		

[Save](#)

Use the radio buttons, dropdowns and add information regarding the client.

Client Services

- Use the dropdown to select each service a client receives. – Start date is mandatory. (This table is set up at the company level.)
- When a service is discontinued, an end date can be entered.
- A service can be entered multiple times with different start/stop dates

Client Services

Receives the following services:

[New](#) [Save](#) [Delete](#)

--Select-- Start Date * End date

Service Received	Start Date	End Date	Edit
Full Living Support	04/25/2006	08/17/2017	
Foster	04/25/2006		
ARMHS	07/01/2016	08/12/2016	
ARMHS	06/01/2017	07/15/2017	

Immunization History

Record all current immunizations in effect. Only the current record will print on the Client Profile. History will display in the table below.

Client Admission and Additional Information



Immunization History

New Save

Is Current:

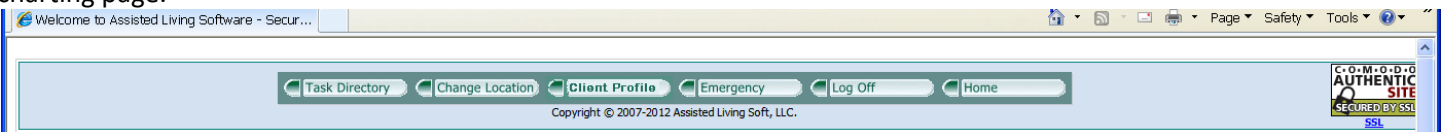
Immunizations as of: 11/10/2016

Immunization History: Test Immunization Value1

Date/Time	User	Immunization History	Status	Set	Delete
11/10/2016	Peter J Nelson	Test Immunization Value1	Current	<input type="checkbox"/>	<input type="checkbox"/>

Client Profile Report

- Includes:
 - The Address information if other than the location address is pulled from the "Addresses" blue bar.
 - Contact information for Case Managers, Medical Professionals and People Involved in Care is pulled from their respective areas on the Client Master.
 - Hygiene, Nutrition, Toileting, and Mobility and Behavioral information as added to the Client Profile
- This is an easy to access compact profile for each client. It is available from the top green bar that appears on every charting page.



Report Request:

Click on Client Profile from the top green bar to call the report request.

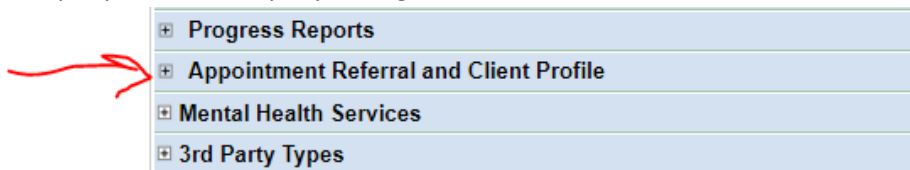
Report Name (Client Profile Report)

Parameter	Criteria
Client Name	Amy Smythe <input type="text"/> *
Scheduled medications/services	<input type="checkbox"/>
PRN medications/services	<input type="checkbox"/>

Select Display Type: PDF

You can elect to include medication information if desired.

There are 2 formats of the Client Profile, Format A – presents Hygiene, Nutrition, Toileting, and Mobility and Behavioral information after contact information, Format B presents this information on the first page. The format is select at the company level in Company Configuration.



People Involved in Care

Add Family Members, Friends and contacts unique to a client. You can add as many as desired. There is no company library for this section.

People Involved In Care

Name: Jenny Finn
 Relation Type: Sister
 Address: 123 Finn Street, Osceola WI 55343
 Telephone 1: 123-123-1234 Telephone 2: 234-234-2345 Fax Number:
 Email: jennyfin@email.com
 Is Guardian? Is Conservator? Article 9 Is Emergency Contact for Client?
 In case of emergency perform the following measures for this contact:
 Please call both numbers then email
 InActive
 Save Cancel

Name	Relation type	Telephone1	Telephone2	Fax	Guardian	Conserv	Emerg	A9	Status	Edit	Delete
Jenny Finn	Sister	123-123-1234	234-234-2345		X	X	X		Active		
Joe Finn	Brother	345-345-3456	567-567-5678	567-765-7658		X			Active		
Mary Ray	Mother	651-278-7797				X			Active		

Organizations Involved in Care

These are 3rd Parties with which a client is associated. You can create a corporate list of organizations and then associate with specific clients. When you associate with a client, you may also associate an employee of the 3rd party with the client. Generally used for employers, schools, day programs etc.



Organization

New Save Edit Delete Close 1 of 5 First Prev Next Last

Organization Name: Browns Way Manufacturing
 Primary Contact: Joe Smith
 Company Name: United Way
 Address 1: 111 Heartland street
 Address 2:
 City: white bear lake
 State: mn
 Zip: 55001
 Phone Primary: ph-651-123-1234
 Phone Other:
 Fax Number:
 Email Address:
 Notes:
 Type: Clinic

Associate an Organization with a client:

Organizations

Organization Name: --Select--  

Save Add/Update Organization

Organization Name	Address 1	Address 2	City	State	Zip Code	Phone	Fax	Contact Person	Type	Delete
Browns Way Manufacturing	111 Heartland street		white bear lake	mn	55001	ph-651-123-1234		Joe Smith	Day	
Osceola Workshop	123 St. Croix		Osceola	WI	54392	651-234-2345	704-123-1234	Joe Jones	Day	

Organization Employee

Use the dropdown to select an organization. Once that is done, you can add a specific organization employee to associate with your client.

Pharmacies Involved in Care

Click Add/Update Pharmacy to add a new pharmacy to the company library.

Client Admission and Additional Information



Pharmacy

Genoa Pharmacy ACMH
Geritom Medical, Inc.
The Big Drug Store
The Medicine Shoppe
Walmart

New Save Edit Delete Close 1 of 5 First Prev Next Last

Add Pharmacy

* Mandatory Fields

Pharmacy Name: Genoa Pharmacy ACMHS *

Primary Contact:

Company Name: All Care MHS

Address 1: 123 W Main

Address 2:

City: Bloomington

State: MN

Zip: 55035

Phone Primary: 507-123-1234

Phone Other:

Fax Number: 507-123-3456

Email Address:

Notes:

Associate a Pharmacy with a Client:

Use the dropdown to select the desired pharmacy for the client.

Pharmacies Involved In Care

Pharmacies Providing Medications

Pharmacy Name: The Big Drug Store

--Select--
Geritom Medical, Inc.
GuidePoint Pharmacy - Worthington
The Big Drug Store
The Medicine Shoppe
Walmart

Pharmacy Employee

Then Click SAVE. The pharmacy selected and saved will appear in a list below. (You can add multiple pharmacies)

Pharmacies Involved In Care

Pharmacies Providing Medications

Pharmacy Name: --Select--

Save Add/Update Pharmacy

Pharmacy Name	Address 1	Address 2	City	State	Zip Code	Pharmacy Phone	Pharmacy Fax	Pharmacy Contact Person	Delete
The Big Drug Store	2122 West Lane		Big Town	MN	98736	706-123-1234	706-234-5689	Mr. Phil Pharma	

Pharmacy Employee

Pharmacy Employees can be given access if desired. NOT REQUIRED.

Medical Professionals (and Preferred Hospital)

Click Add/Update Medical Professional to add a new Professional to the company library.

This field is sorted based on the Full Name field – DO NOT START NAMES with Dr. You will have lots of “D”s.



Medical Professional

1 of 26

Medical Professional

* Mandatory Fields

Full Name: Brian Bing MD

Practice Area: Psychologist

Company Name: St. Croix Regional Mental

Address 1: 234 Main StreetSchaeffer MN 09808

Address 2:

City:

State:

Zip: 09808

Phone Primary: 567-567-3456

Phone Other:

Fax Number: 567-567-3345

Email Address: bbing@email.com

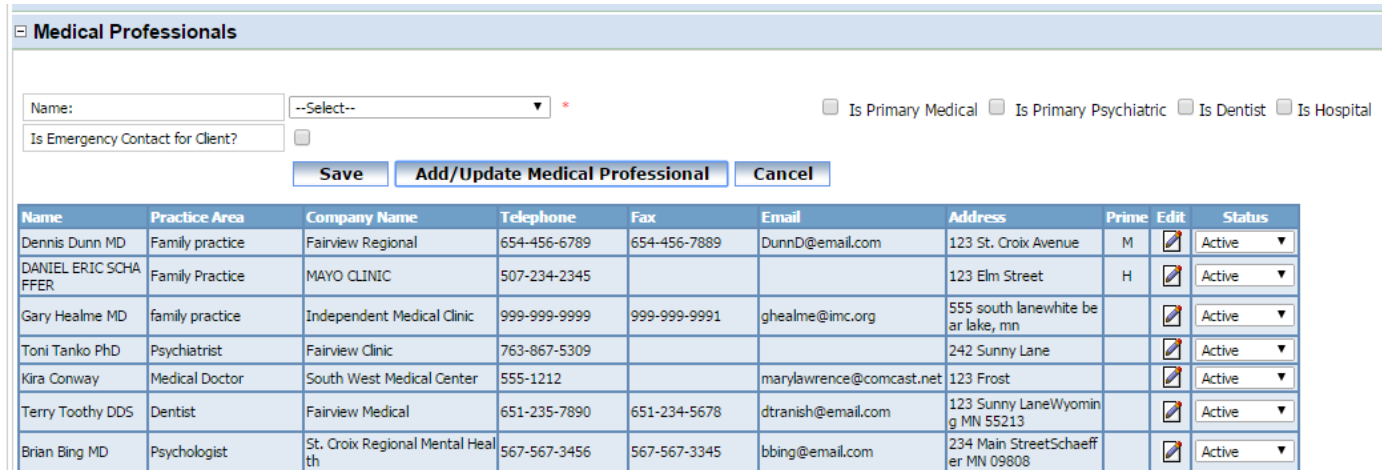
Nurse:

Notes:

Archive

Associate Medical Professionals with Clients:

Use the dropdown to select the desired Medical Professional for the client and Select Primary Types.



Medical Professionals

Name: --Select-- *

Is Primary Medical Is Primary Psychiatric Is Dentist Is Hospital

Is Emergency Contact for Client?

Save Add/Update Medical Professional Cancel

Name	Practice Area	Company Name	Telephone	Fax	Email	Address	Prime	Edit	Status
Dennis Dunn MD	Family practice	Fairview Regional	654-456-6789	654-456-7889	DunnD@email.com	123 St. Croix Avenue	M		Active
DANIEL ERIC SCHAEFFER	Family Practice	MAYO CLINIC	507-234-2345			123 Elm Street	H		Active
Gary Healme MD	family practice	Independent Medical Clinic	999-999-9999	999-999-9991	ghealme@imc.org	555 south lanewhite bear lake, mn			Active
Toni Tanko PhD	Psychiatrist	Fairview Clinic	763-867-5309			242 Sunny Lane			Active
Kira Conway	Medical Doctor	South West Medical Center	555-1212		marylawrence@comcast.net	123 Frost			Active
Terry Toothy DDS	Dentist	Fairview Medical	651-235-7890	651-234-5678	dtranish@email.com	123 Sunny LaneWyoming MN 55213			Active
Brian Bing MD	Psychologist	St. Croix Regional Mental Health	567-567-3456	567-567-3345	bbing@email.com	234 Main StreetSchaeffer MN 09808			Active

Indicate if the professional is the primary physician or is also an emergency contact (instructions are required). Then Click SAVE.

Inactivate/ Reactivate Medical Professionals

Change Active to Inactive using the dropdown on the right. If you inactivate a primary contact, you will be reminded that a primary contact is required, but the system does NOT enforce this rule. You are responsible. **Make sure you have indicated the primary.**

Inactive professionals show on bottom of this list. They do not print on the Client Profile or Emergency Report or appear in the dropdown of professionals presented on the Appointment setup page.

If a user reactivates an Archived Medical Professional – it will lose the Archived Status.

Medical Professional/Client associations List

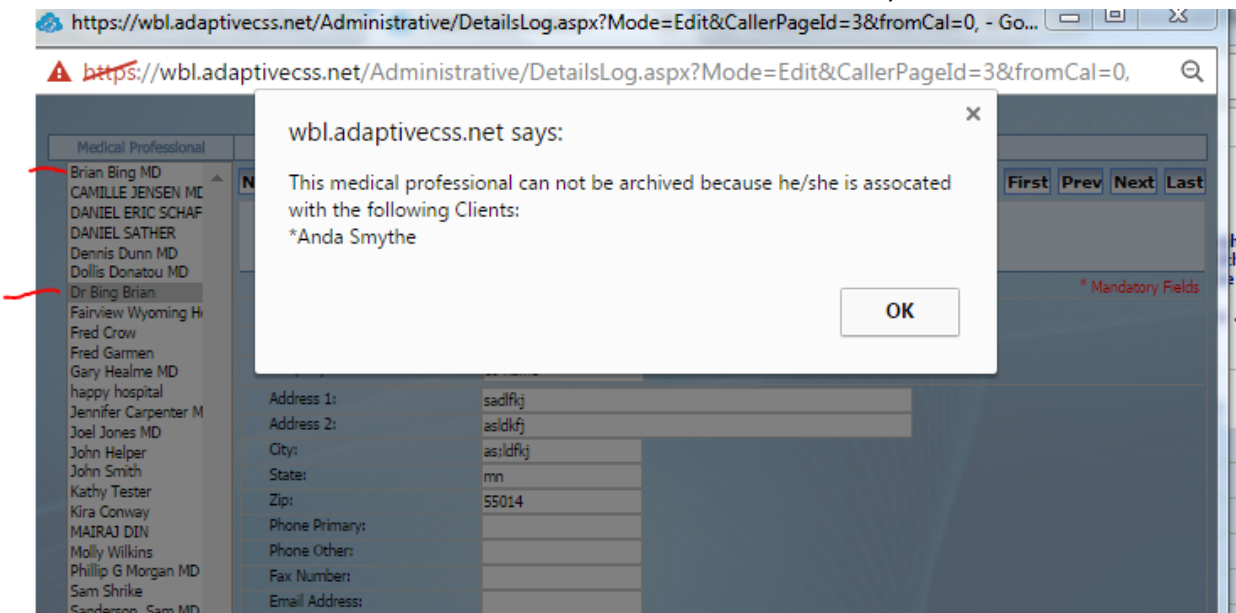
is available from the Dashboard on the Administrative page.

Archive duplicate and inactive Medical Professional Records

If you no longer want a specific medical professional to be available for clients – check the archive box and save the record.

If you have the situation where a single medical professional was added to the company library multiple times and you want to eliminate duplicates , follow this process.

Edit the unwanted record and check archive. When you save the record you will see a list of clients who have this record associated with them. You will need to inactivate those associations before you can archive.



Archived Medical Professional records will appear at the bottom of this list, only on this view.

Case Workers

- See Company Configuration User Guide to manage Contact Type dropdown.
- Case Manager ID is needed for Managers of Record on Service Agreements
- If Applies to All? is selected the contact will appear as a selection option for recording the 3rd Parties who were contacted regarding an Incident Ticket for all clients. The contact will not appear in a Client’s associated contacts elsewhere in the system. (This type is for State Reporting Agencies and Individuals.)

Case Workers

New Save Edit Delete Close

1 of 8

First Prev Next Last

Case Worker

* Mandatory Fields

Full Name: *

Entity:

Address1:

Address2:

City:

State:

Zip:

Case Manager ID:

Phone Primary:

Phone Other:

Fax Number:

Notes:

Applies to all?

Email Address:

Contact Type:

All: Yes No

Associate a case manager with a client and indicate if Primary.

Case Manager

Case Manager: Is Primary?

Is Emergency Contact for Client?

In case of emergency perform the following measures for this contact:

Save Add/Update Case Manager

Full Name	Contact Type	Phone Number	Email	Primary	Edit	Status
Richard Flanagan	Case Manager	987-876-8765	wbl@spacestar.net	Yes		Active <input type="text"/>

A list of ALL Case Manager/Client associations is available from the Dashboard on the Administrative page.

Inactivate/ Reactivate Case Managers

Change Active to Inactive using the dropdown on the right. If you inactivate a primary contact, you will be reminded that a primary contact is required, but the system does NOT enforce this rule. You are responsible. **Make sure you have indicated the primary.**

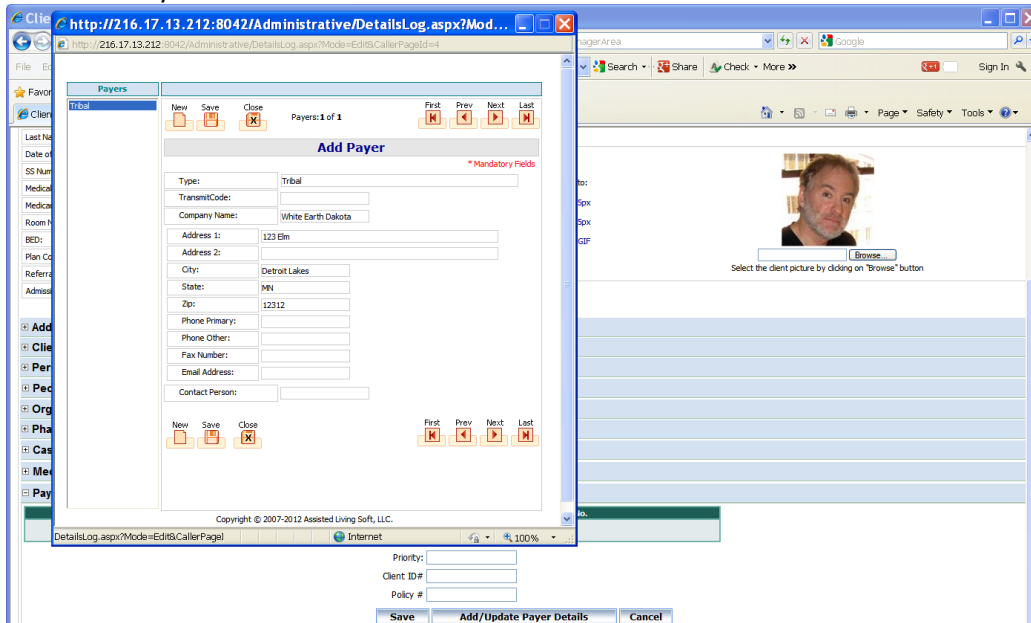
Inactive professionals show on bottom of this list. They do not print on the Client Profile or Emergency Report or appear in the dropdown of professionals presented on the Appointment setup page.

You can reactivate inactive professionals.

Payers

Select Add/Update Payer

Enter all the information for this Payer. Please be complete, the information will be available to be used for other clients. The list of Payers at the COMPANY level shows in the list on the right and you can scroll through them by using the arrow keys.



Add a Payer to the client record:

Select the Payer, Click Save. You can add additional information unique to the client in the fields provided.

Priority:
Client ID#
Policy #

The list of Payers for the Client appears below the maintenance buttons.

Payers appear on the Client Profile and Appointment Referrals.

Service Agreements

See **Occupancy and Claims Management** User Guides

Financial Information

Financial

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Funding Type:</td> <td>CADI Waiver, Group Residential Housing (Approved)</td> </tr> <tr> <td>PMAP Number:</td> <td>45636346</td> </tr> <tr> <td>Billing Physician:</td> <td>Phillip G Morgan MD</td> </tr> <tr> <td>Hospital Preference:</td> <td>Fairview Osceola</td> </tr> <tr> <td>Default Billing Code:</td> <td>2005 - one to one billable time</td> </tr> </table>	Funding Type:	CADI Waiver, Group Residential Housing (Approved)	PMAP Number:	45636346	Billing Physician:	Phillip G Morgan MD	Hospital Preference:	Fairview Osceola	Default Billing Code:	2005 - one to one billable time	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">MHS Location:</td> <td>Home Place</td> </tr> <tr> <td>BILLING RECORD #:</td> <td>12312123</td> </tr> <tr> <td>Medical Assistance #:</td> <td>123145436</td> </tr> <tr> <td>Maid Number:</td> <td>8568768-56876678</td> </tr> </table>	MHS Location:	Home Place	BILLING RECORD #:	12312123	Medical Assistance #:	123145436	Maid Number:	8568768-56876678
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MHS Location:	Home Place																		
BILLING RECORD #:	12312123																		
Medical Assistance #:	123145436																		
Maid Number:	8568768-56876678																		

These fields appear on various reports in the system. MHS Location is used to associate a client who resides in a company owned home to a location where billable progress notes are recorded.

BILLING RECORD # (this is a soft coded field - it is the one immediately below the MHS Location field – your company may have renamed it) This field is included on the Time Entry billing report if Time Records or Billable Progress Notes are entered that reference a client.

Default Billing Code- if a client is referenced on a Time record – this is the default code – it can be changed.

Client Additional Information

Click on the Clients Picture then select **Client Additional Information**

Client Additional Information

- MHS
- Periodic Reports
- Directives and Comments
- Diagnosis
- Allergies
- Abuse & Neglect, Risk
- Resident Evacuation Assessment
- Plan of Care
- Client: Attached Documents

MHS

See **Mental Health Services** User Guide.

Periodic Reports

See **Progress Reports** User Guide.

Directives and Comments

The user can save any number of Directives or Comments for the client. This information display on various reports including: eMAR, ChronoMAR, Appointment Reference, Client Profile, Emergency and the Medication Administration Recording page.

Select either Comment or Directive from the dropdown, add the text and click SAVE. Existing Records can be edited or inactivated.

Directives and Comments

Type:	Comment	
Comment:		
InActive	<input type="checkbox"/>	

Type	Comment	User Name	Active	Edit
Directive	DNR, DNI on file at David Tarnish MD office: 651-234-2345	Mary M Merry	Y	
Comment	Choke Risk	Mary M Merry	Y	

Client Admission and Additional Information



Diagnosis

Information saved here will be included on various reports including the printed eMAR and Client Profile and can be linked to specific medications.

Any number of records may be added, and multiple primary codes are allowed.

Use the dropdown to select a diagnosis and then click save. This table is managed at the company level. Contact your Administrator or see Management Activities accessed from Administrative CP user guide for information regarding additions/deletions/changes.

Diagnosis

Diagnosis Code: <input type="text"/>	Diagnosis Name: <input type="text"/>
Diagnosis Coding Method: <input type="text"/>	Coding System Name: <input type="text"/>
Is Primary? <input type="checkbox"/>	ICD-10 Lookup ICD-9 Lookup
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

Diagnosis Code	Diagnosis Name	Diagnosis Coding Method	Date/Note	Is Primary?	Edit Delete
F71	Moderate intellectual disabilities	ICD-10		True	<input checked="" type="checkbox"/> <input type="checkbox"/>
G80.0	Spastic quadriplegic cerebral palsy	ICD-10		True	<input checked="" type="checkbox"/> <input type="checkbox"/>

Allergies

Click Vital Precautionary Information / Allergies Information saved here will display on the eMAR input form and on various reports.

Allergies

Allergy	Description	Reaction
Chemicals / Environmental	Mild Allergy to dust	sneezes
Insects	mosquito bites	mild swelling and itching
Food	None known	nka
Medicine	Pennicillin	hives
Allergy Comments	na	na
Other Allergies	na	na

Abuse Neglect/Risk

See **Risk/Individual Abuse Prevention Plan** User Guide

Resident Evacuation

Resident Evacuation Assessment

Evaluators:

Risk Of Resistance	
Minimal Risk:	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
Strong Resistance:	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
Impaired Mobility	
Self Starting:	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
Needs Limited Assistance:	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
Very Slow:	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
Impaired Consciousness	
No Significant Risk:	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
Totally Impaired:	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
Need For Extra Staff	
Needs Only One Staff:	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
Needs Full Assistance From Two Staff:	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
Response To Instructions (Staff Directed Evacuation)	
Follows Instructions:	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
Requires Considerable Attention:	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
Waking Response To Alarm	
Response Probable:	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
Response To Fire Drills (Self-Directed Evacuation)	
Completes Evacuation Promptly:	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
Stays at designated location:	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
Mild Resistance: <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A	
Slow: <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A	
Needs Full Assistance: <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A	
Partially Impaired: <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A	
Needs Limited Staff Assistance: <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A	
Requires Supervision: <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A	
Response Not Probable: <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A	
Completes Backup Strategy: <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A	
Remark: <input type="text"/>	

A report can be run from Client Reports.

Individual Service Plan / Care Plan/ Plan of Care

See [Plan of Care User Guide](#).

Client: Attached Documents

See [Attach Documents User Guide](#) for how to create folders and upload documents specific to a client.