

# DATA ENTRY WATTS REVIEW

PROTECTIVE PLACEMENT



|                  |  |                        |  |
|------------------|--|------------------------|--|
| CLIENT NAME      |  | DATE OF REVIEW         |  |
| FACILITY CONTACT |  | FACILITY CONTACT PHONE |  |

## PHYSICAL CONDITION

Current Diagnosis

Significant medical treatment needs

Functional Assessment. Answer yes or no regarding the individual's capability to complete independently.

| Eating           | Yes | No |     | Toileting        | Yes | No |     | Dressing | Yes | No |
|------------------|-----|----|-----|------------------|-----|----|-----|----------|-----|----|
| Meal Preparation | Yes | No | N/A | Bathing          | Yes | No |     | Hygiene  | Yes | No |
| Shopping         | Yes | No | N/A | Laundry          | Yes | No | N/A | Mobility | Yes | No |
| Housekeeping     | Yes | No | N/A | Medication Mgmt. | Yes | No | N/A |          |     |    |

Is the individual in need of rehabilitation services? Yes No If yes, provide explanation below ↓

## MENTAL CONDITION

Can the individual understand his/her basic needs? Yes No Provide explanation below ↓

Can the individual communicate his/her basic needs? Yes No Provide explanation below ↓

Can the individual follow simple instructions? Yes No Provide explanation below ↓

Can the individual be safely alone for several hours? Yes No Provide explanation below ↓

Is the individual verbally or physically aggressive? Yes No Provide explanation below ↓

Is the individual an elopement risk? Yes No Provide explanation below ↓



Is the individual self-injurious or engage in other dangerous behavior? Yes No Provide explanation below ↓

Is the individual delusional or hallucinatory? Yes No Provide explanation below ↓

| SOCIAL CONDITION   |              |                    |
|--|--------------|--------------------|
| Please indicate and list, if any, social activities in which the individual is involved: |              |                    |
| Vocational   | Recreational | Family and friends |
|  |              |                    |

| PROTECTIVE PLACEMENT   |          |                             |
|--|----------|-----------------------------|
| Should the current protective placement order be terminated?   | Yes   No | Provide explanation below ↓ |
|  |          |                             |
| In light of the above, is the present living arrangement the least restrictive environment appropriate to the current needs of the individual? | Yes   No | Provide explanation below ↓ |
|  |          |                             |

| COMMENTS   |
|--|
| The individual who is under placement and residential staff must be directly asked for comments.   |
| Comments, if any, from the <b>CLIENT</b> who is under placement regarding their placement, medication guardianship, or protective service: |
|  |
| Comments, if any, from <b>FACILITY STAFF MEMBER</b> regarding the client's placement, medication guardianship, or protective service:      |
|  |

| PLEASE DO NOT WRITE IN THIS SECTION - APSU USE ONLY                                |   |             |
|--|---|-------------|
|  |  |             |
| Guardian Comment:  | Attached  | No comments |