

Member Name:

Date of Birth:

Diagnosis:

## Assessment:

### Cognition

Independent (I) Partial Assist/Cueing (PA) Total Assist (TA)

Memory Recall

Problem Solving

Comprehension  
(understanding activity)

Attention/Concentration

Thought Process

Judgement/Decision Making

### Communication

Participation

Social Engagement (ability to  
make friends, awareness of

Verbal/language skills

### Behavior

Appropriate Inappropriate Aggressive

Agitated

Other (specify)

### Mobility

Level 1-5 (5 being the highest)

Coordination  
(fine and gross motor skills)

Balance

Ambulation

**Self-Care**

Independent (I) Partial Assist/Cueing (PA)

Total Assist (TA)

Meals

Toileting

Dressing (coat/restroom)

Personal Hygiene  
(blowing nose,

Issue #1

Intervention:

Goal:

Issue #2

Intervention:

Goal:

**Initial Assessment Date:**

Reassess in 6 months or if there is a significant change

Signature and Date \_\_\_\_\_

Member: \_\_\_\_\_

## Old Friends Club Plan of Care

**Member Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Assessment Date:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

Check here if Initial Assessment:

### Assessment:

<b>Cognition &amp; Communication</b>	<b>Rating</b>	Level 1-5 (5 being the highest)
Memory Recall/Recognition		
Comprehension (understanding activity)		
Attention/Concentration		
Participation & Socialization		
Verbal Skills		
Behavior (note appropriateness)		

<b>Mobility</b>	<b>Rating</b>	Level 1-5 (5 being the highest)
Coordination (fine and gross motor skills)		
Balance/Ambulation		

<b>Self-Care</b>	<b>Rating</b>	Rate as Independent (I), Verbal Cueing (VC), Partial Assist (PA), or Total Assist (TA)
Meals		
Toileting and Personal Hygiene		
Other		

Member: \_\_\_\_\_

## Old Friends Club Plan of Care

### Goals and Interventions:

#### Issue #1 -- Cognition and Communication Challenges

Goal:

Intervention:

#### Issue #2 -- Mobility & Self-Care Challenges

Goal:

Intervention:

Additional Notes:

Signature and Date: \_\_\_\_\_