(Agency Name)

At Risk Registry Evaluation Form

The At Risk Evaluation Form should be completed for each patient upon admission. The completed and signed form should be placed in the patient's medical record and home folder. If the patient is assessed as "At Risk", information should be entered into the At Risk Registry upon admission and updated every 7 days. Only patients meeting these guidelines should be entered in the Registry.

Louisiana At-Risk Home Health/Hospice Patient Criteria:

a. Home Health/Hospice patients who live alone, without a caregiver and unable to evacuate themselves, or
b. Home Health/hospice patients with a caregiver physically or mentally incapable of carrying through on an evacuation order, or
c. Home Health/Hospice patients/caregivers without the financial means to carry through on an evacuation order, or
d. Home Health/Hospice patients/caregivers simply refusing to evacuate

Patient Name _____**Patient weight**_____

Date of Birth: yyyy-mm-dd _____ **Sex** _____ **Resides in** _____**parish**

Address _____

Phone _____Mobile _____ Diagnosis _____

Cross Street _____ **House** ____ **Mobile Unit** ____ **Apartment** _____

Complex/ Mobile Home Park Name _____ **Apartment/Lot** _____

Primary Caregiver _____ **Phone** _____

Next of Kin _____ **Phone** _____

Address _____

Primary Physician _____ **Phone** _____

DME _____

DME Supplier _____ **Phone** _____

Supplies _____

Pharmacy _____ **Phone** _____

Check all that apply to your patient

O2 Dependent ____Ventilator _____Infusion Therapy _____Tube Feeding_____
Ambulatory____ Needs assistance _____Bedbound _____Wheelchair _____Walker_____

I grant permission to medical providers, transportation providers, and other care providers as necessary, to provide care and disclose any information necessary to respond to my needs.

Patient Signature _____ **Date** _____
(or family member)