

(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 may be left in the patient's 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 _____

Age _____ Sex _____ Resides in _____ parish

Address _____ Pet? _____

Phone _____ Alternate Phone _____

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 _____