

LOUISIANA TECH UNIVERSITY
 CENTER FOR REHABILITATION ENGINEERING,
 SCIENCE & TECHNOLOGY

ASSISTIVE DEVICES FOR INDEPENDENT LIVING

Pre-Admission Screening

Please return this form to: Kitty Carter
 Louisiana Tech University
 Center for Biomedical Engineering and
 Rehabilitation Science
 711 S. Vienna
 Ruston, LA 71270
 (318) 257-4562 or (800) 310-4251

(To be completed by the consumer or primary care giver)

Consumer's Name: _____

I Hygiene

A. Toileting		<u>Independent</u>	<u>Assistance Required</u>	<u>Dependent</u>
1. Does consumer use:				
a. commode		___	___	___
b. commode with assistance		___	___	___
c. catheter		___	___	___
d. urinal		___	___	___

2. Comment on any assistance required: _____

B. Bathing		<u>Independent</u>	<u>Assistance Required</u>	<u>Dependent</u>
1. Does consumer use:				
a. bathtub with shower		___	___	___
b. bathtub without shower		___	___	___
c. shower		___	___	___
d. bed bath		___	___	___

2. Comment on any assistance required or adaptive equipment used: _____

C. Personal Hygiene		<u>Independent</u>	<u>Assistance Required</u>	<u>Dependent</u>
1. Is the consumer able to:				
a. brush teeth		___	___	___
b. apply toothpaste		___	___	___
c. shave				
(1) electric razor		___	___	___
(2) safety razor		___	___	___
d. take care of menstrual needs		___	___	___
e. apply deodorant		___	___	___
f. apply make-up		___	___	___
g. care for nails		___	___	___
h. comb/brush hair		___	___	___
i. wash hair		___	___	___

2. Comment on any assistance required or adaptive equipment used: _____

II. Dressing

A. Is consumer able to:	<u>Independent</u>	<u>Assistance Required</u>	<u>Dependent</u>
1. put on button-up shirt	___	___	___
2. take off button-up shirt	___	___	___
3. put on pullover shirt	___	___	___
4. take off pullover shirt	___	___	___
5. put on bra	___	___	___
6. take off bra	___	___	___
7. put on underwear	___	___	___
8. take off underwear	___	___	___
9. put on pants	___	___	___
10. take off pants	___	___	___
11. put on socks/hose	___	___	___
12. take off socks/hose	___	___	___
13. put on shoes	___	___	___
14. take off shoes	___	___	___
15. fasten	___	___	___
a. zip	___	___	___
b. button	___	___	___
c. tie	___	___	___
d. snap	___	___	___
e. hook	___	___	___
16. put on splints/braces	___	___	___
17. take off splints/braces	___	___	___

B. Comment on any assistance required or adaptive equipment used: _____

III. Eating

A. Is the consumer able to:	<u>Independent</u>	<u>Assistance Required</u>	<u>Dependent</u>
1. drink from a cup	___	___	___
2. drink from a straw	___	___	___
3. chew food	___	___	___
(a) semi solid	___	___	___
(b) solid	___	___	___
4. finger feed	___	___	___
5. feed self with regular utensil	___	___	___
6. feed self with adaptive utensil	___	___	___
7. cut meat	___	___	___
8. spread with a knife	___	___	___
9. serve self food	___	___	___

B. Comment on any assistance required or adaptive equipment used: _____

IV. Housekeeping

A. Is the consumer able to:	<u>Independent</u>	<u>Assistance Required</u>	<u>Dependent</u>
1. do laundry	___	___	___
2. shop for clothes	___	___	___
3. shop for food	___	___	___
4. prepare food	___	___	___
5. wash dishes	___	___	___
6. dust	___	___	___
7. vacuum	___	___	___
8. wash floors	___	___	___
9. clean bathrooms	___	___	___

B. Comment on any assistance required or adaptive equipment used: _____
