



Collecting Information at Intake

DementiaAbility Methods: The Montessori Way™

You have permission to use/copy these documents for the purpose of collecting information about residents/clients. Your objective is to know the person, use observations to understand behaviour and connect what you know to what you are going to do. The How is in the WOW.

Download the documents from our website at :

www.dementiaability.com

If you have any questions don't hesitate to contact Gail Elliot at
gail.elliott@dementiaability.com

I am fine.

How are you?

What a nice day.

Tried and true.

Live, laugh and learn.

Smile and the world smiles with you.

Sight and Reading Ability Assessment

Client Name: _____ Phone: _____

Address/Room Number: _____

INSTRUCTIONS:

First of all, you should try to find out the following before you begin:

- Could this person read prior to being diagnosed with dementia?
 - Yes
 - No

- What language(s) did he/she read?
 - English
 - French
 - Other

- Does he/she need glasses? () No () Yes
 - For distance
 - For reading

- Are his/her glasses clean? If not, please clean them before you begin.

Ask this person if he/she **would** help you to determine the best size of print needed for people to see. Point to one sentence at a time, starting at the top of the page, with the largest size font. Use only the sheet with the six statements. Record your findings after you have completed the assessment.

Size of Font	I am fine.	Check if he/she read full sentence.	If he/she didn't read full sentence, circle which words were seen.
72 point	I am fine.		I am fine.
48 point	How are you?		How are you?
36 point	What a nice day.		What a nice day.
24 point	Tried and true.		Tried and true.
16 point	Live, laugh and learn.		Live, laugh and learn.
12 point	Smile and the world smiles with you.		Smile and the world smiles with you.

() Could not read these sentences.

Form completed by: _____ Date: _____

If this is a re-test: Form completed by: _____ Date: _____

Program Participant Profile
A Focus on Knowing the Person Behind the Dementia

Date: _____ Form Completed by: _____

Name: _____

Address: _____

Date of Birth: _____ Place of Birth: _____

Where has he/she lived and for approximately how long?

--

Marital Status: () Married () Widowed () Divorced () Single

Name(s) of Partner(s): _____

Employment/Volunteer History:

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Languages spoken:

() English () French () Spanish () Other: _____

Children/Grandchildren (If you need more space, attach a separate page.)

			Details about their
--	--	--	---------------------

Name	Age	Where do they live?	relationship. (Do they visit or phone? How often? When? etc.)

Important Friends and Extended Family:

Identify important friends/family members that continue to be involved in this person's life. If there are friends/family members that this person likes to remember and talk about, include that information too.

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Health Status:

Cognitive	Physical																																																																																					
<input type="checkbox"/> Dementia <input type="checkbox"/> Alzheimer's <input type="checkbox"/> Vascular <input type="checkbox"/> Frontal Lobe <input type="checkbox"/> Lewy Body <input type="checkbox"/> Other: <input type="checkbox"/> Stage: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Advanced Orientation to time, place & person: <input type="checkbox"/> Fully oriented <input type="checkbox"/> Oriented in familiar surroundings <input type="checkbox"/> Needs some orienting <input type="checkbox"/> Needs orienting information most or all of the time Are there any situations that create heightened levels of anxiety ? If yes, elaborate.	Abilities: Note: Check off the appropriate column <ul style="list-style-type: none"> • Not applicable • Independently • With Assistance • Total Assistance Required <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">NA</th> <th style="text-align: center;">Indep- end- ant</th> <th style="text-align: center;">With Assist</th> <th style="text-align: center;">Total Assist</th> </tr> </thead> <tbody> <tr><td>Uses a Walker</td><td></td><td></td><td></td><td></td></tr> <tr><td>Walking: () needs cane</td><td></td><td></td><td></td><td></td></tr> <tr><td>Gets into Wheelchair</td><td></td><td></td><td></td><td></td></tr> <tr><td>Toileting</td><td></td><td></td><td></td><td></td></tr> <tr><td>Needs help eating</td><td></td><td></td><td></td><td></td></tr> <tr><td>Dressing</td><td></td><td></td><td></td><td></td></tr> <tr><td>Bathing</td><td></td><td></td><td></td><td></td></tr> <tr><td>Grooming: Hair</td><td></td><td></td><td></td><td></td></tr> <tr><td>Grooming: Face & hands/nails</td><td></td><td></td><td></td><td></td></tr> <tr><td>Transfers (to chair or bed)</td><td></td><td></td><td></td><td></td></tr> <tr><td>Brushing Teeth</td><td></td><td></td><td></td><td></td></tr> <tr><td>General neatness/hygiene</td><td></td><td></td><td></td><td></td></tr> <tr><td>Knows what to do with objects</td><td></td><td></td><td></td><td></td></tr> <tr><td>Can handle own finances</td><td></td><td></td><td></td><td></td></tr> <tr><td>Uses a phone</td><td></td><td></td><td></td><td></td></tr> <tr><td>Uses a computer</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>		NA	Indep- end- ant	With Assist	Total Assist	Uses a Walker					Walking: () needs cane					Gets into Wheelchair					Toileting					Needs help eating					Dressing					Bathing					Grooming: Hair					Grooming: Face & hands/nails					Transfers (to chair or bed)					Brushing Teeth					General neatness/hygiene					Knows what to do with objects					Can handle own finances					Uses a phone					Uses a computer				
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<p><input type="checkbox"/> Memory Cueing recommended</p> <p>Including:</p> <ul style="list-style-type: none"> () Wayfinding (e.g. – arrows, pictures) () Daily agenda () Activities that support memory loss () Tasks need to be broken down – simplified () Sequencing required (e.g. – clothes laid out in order that they are to be used.) <p>Other:</p>	<p>Other/Comments:</p> <p>Does this person like to be helped?</p> <p>Identify daily routines from the past that might be useful to know about in the present.</p>																
<p><input type="checkbox"/> Depression</p> <ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Significant <p>Provide details about stage & treatment & impact on engagement in life and motivation to be involved in activities.</p>	<p>Arthritis</p> <p>Identify limitations & describe what needs to be done to ensure that function is maintained</p> <table border="1" data-bbox="873 865 1399 1024"> <thead> <tr> <th>Ability re:</th> <th>Excellent</th> <th>Moderate</th> <th>Poor</th> </tr> </thead> <tbody> <tr> <td>Reaching</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Grasping</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manipulating Objects</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Ability re:	Excellent	Moderate	Poor	Reaching				Grasping				Manipulating Objects			
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<p>Delirium</p> <p>A sudden change in status has been checked to ensure a delirium has been treated.</p> <p>Follow up:</p>	<p>What hand is used?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Right hand <input type="checkbox"/> Left hand 																
<p>Pain</p> <ul style="list-style-type: none"> <input type="checkbox"/> Often in pain. Where? <input type="checkbox"/> Sometimes in pain. <input type="checkbox"/> Seldom shows signs of being in pain. <p>Note: Always observe to make sure that pain is being treated. Pain may be contributing to behaviour – make sure it is reported.</p>	<p>Vision & Hearing</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sight & Reading Assessment completed: Date _____ <input type="checkbox"/> Needs glasses to read <input type="checkbox"/> Needs glasses always Size of font required: _____ <input type="checkbox"/> Needs hearing aid Date batteries last checked: 																
<p>Motivation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Usually wants to be involved in activities <input type="checkbox"/> Sometimes interested <input type="checkbox"/> Sometimes interested but needs encouragement <input type="checkbox"/> Never interested in activities but will observe <input type="checkbox"/> Just wants to be left alone <p>Comments:</p>	<p>Communication Skills</p> <ul style="list-style-type: none"> <input type="checkbox"/> Able to hold a conversation <input type="checkbox"/> Some ability to hold a conversation <input type="checkbox"/> Minimal ability to hold a conversation <p>Enjoys talking about:</p>																

Interests:

Identify the things that this person enjoys/enjoyed.

<p>Household tasks:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cooking <input type="checkbox"/> Laundry <input type="checkbox"/> Cleaning <input type="checkbox"/> Shopping <input type="checkbox"/> Doing dishes <input type="checkbox"/> Decorating home <input type="checkbox"/> Home repairs <input type="checkbox"/> Other: 	<p>Social</p> <ul style="list-style-type: none"> <input type="checkbox"/> Visiting family <input type="checkbox"/> Visiting friends <input type="checkbox"/> Planning social functions <input type="checkbox"/> Entertaining <input type="checkbox"/> Reminiscing: Are there any topics of preference/enjoys most? 	<p>Reading:</p> <p>What does/did he/she like to read?</p>
<p>Leisure Activities</p> <ul style="list-style-type: none"> <input type="checkbox"/> Travel <input type="checkbox"/> Games <input type="checkbox"/> Sports <input type="checkbox"/> Crafts <input type="checkbox"/> Reading <input type="checkbox"/> Photography <input type="checkbox"/> Gardening <input type="checkbox"/> Genealogy <input type="checkbox"/> Watching movies (what kind?) 	<p>Games:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cards <input type="checkbox"/> Board games <input type="checkbox"/> Puzzles <input type="checkbox"/> Mahjong 	<p>Sports/exercise:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hockey <input type="checkbox"/> Football <input type="checkbox"/> Soccer <input type="checkbox"/> Volleyball <input type="checkbox"/> Curling <input type="checkbox"/> Croquet <input type="checkbox"/> Horseshoes <input type="checkbox"/> Shuffleboard <input type="checkbox"/> Golf/mini golf <input type="checkbox"/> Yoga <input type="checkbox"/> Walking <input type="checkbox"/> Jogging <input type="checkbox"/> Dancing <input type="checkbox"/> Other:
<p>Culture, Religion & Spirituality</p> <p>Does he/she like to participate in:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A religious service? <input type="checkbox"/> Quiet prayer <input type="checkbox"/> Guided prayer <input type="checkbox"/> Singing hymns <input type="checkbox"/> Other: 	<p>Music:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Likes to listen to music <input type="checkbox"/> Likes to play music <p>What kind of music?</p> <p>Did he/she play an instrument?</p>	<p>Crafts:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Knitting <input type="checkbox"/> Sewing <input type="checkbox"/> Woodworking <input type="checkbox"/> Painting <input type="checkbox"/> Sculpting <input type="checkbox"/> Ceramics <input type="checkbox"/> Other:
<p>Pets</p> <p>Does he/she have a pet now?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did he/she have a family pet? Elaborate.</p>	<p>General interests & needs not included elsewhere:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fashion <input type="checkbox"/> Giving back to the community <input type="checkbox"/> Being busy <input type="checkbox"/> Doing things for self <input type="checkbox"/> Volunteering <input type="checkbox"/> Helping family <p>Other:</p>	<p>Room Environment:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Room feels like home <input type="checkbox"/> Room reflects former self <input type="checkbox"/> Phone is usable <input type="checkbox"/> TV available (if interested) <input type="checkbox"/> Radio (if interested) <input type="checkbox"/> Orienting info available <p>Modifications Required:</p>

Routines:

Identify routines & consider what can be done to add routine to this person's day. An important part of this is to ensure that the routine is communicated and understood by the client, with the objective of adding meaning to life. Did this person have any routines that would be important to know about now?

Fears, losses, and tragic events. These can be important to know about. This information may need to be taken into consideration when selecting activities. The purpose is to be aware –not to necessarily address these issues – unless you are qualified to do so.

Ask, "Is there anything you would like me to know?" or "Is there anything you would like me to know about you?" This is a very open-ended question. There may be something important that he/she wants to share with you have his/her life, health, work and/or family.

Needs: Describe this person's needs (including social (e.g. - loneliness); cognitive stimulation; sensory (to touch and feel); and practical life (having things to do). Are boredom and loneliness concerns and in need of being addressed?

Habits and Routines: How did this person spend his her time before the time he/she was diagnosed with dementia? Note details related to routines and habits.

Information collected from:

- Client/resident
- Family member(s). Please elaborate: _____
- Friends
- Work or volunteer colleagues
- Client files
- Other: _____

Form updated:

Date: _____ By: _____

Date: _____ By: _____


Date: _____ By: _____

Additional Notes:

Dementia**A**bility Methods: The Montessori Way

Roles

Name: _____

 Role	Daily (sometimes more than once a day)	Identify what roles this person could acquire.	Notes (Have they been put into an agenda?)
Put dishes in the dishwasher			
Fold laundry			
Make lunches			
Set the table			
Vacuum			
Polish silver			
Decide what to have for dinner			
Grocery shopping – picking things up from the store			
Make a bed			
Dust furniture			
Home repairs			
Sorting out drawers			
Make coffee			

Wash dishes			
Cut the lawn/shovel the snow			
Cook dinner			
Wash floors			
Clean the toilet			
Clean the sink			
Ironing			
Lead the meal and/or bedtime prayer			
Make lunch			
Tidy up the house			
Rake the leaves			
Put children to bed			
Other			

<p style="text-align: center;">Needs</p> <p>How important are these to _____?</p>	<p style="text-align: center;">Not important</p>		<p style="text-align: center;">Very Important</p>	<p style="text-align: center;">Notes:</p> <p>Loneliness and Boredom are the greatest needs, but what other needs to also be addressed?</p>
<p>Basic physiological needs:</p>	1	2	3	
Go to the bathroom regularly				
Eat three meals a day				
To enjoy my food including that I can see it, recognize it, taste it				
I like to eat foods I like				
Fine dining				
A good night's rest				
The ability to engage in intimacy				
To be free from pain				
To enjoy good mental health				
To have opportunities to move my body daily including exercise, yoga, etc.				
<p>Safety & Security</p>				
I am safe & I don't put self or others at risk				
To feel safe where I live				
I am cared for by self and other				
To know who it is that I am interacting with daily				
Need to feel safe, secure and comfortable in a place that feels like home				
I have places to walk where I feel safe and won't get lost				
<p>Social:</p>				
To be able to communicate with others via phone, texting an/or email				
To be able to tell others how I feel - free to express myself				
To spend time with family				
To be able to enjoy time with friends				
To feel connected to others and to feel I belong				

Occupation:				
Work – having meaningful work				
Engaged in meaningful activity (including household chores)				
Helping others				
<hr/>				
Love and Belonging:				
To feel like I belong in the place I call home				
To feel like I belong wherever I go				
I like to be alone				
To feel like I have others to love and that they love me				
Self-esteem:				
To feel good about what I do in the day: in work, volunteering/helping others, helping myself				
The ability to make my own decisions in what I wear and what I eat				
To be respected by others				
To solve problems				
Self-actualization:				
To engage in activities that stimulate my brain				
Engage in activities that help me to feel connected to others				
To practice my religion and spiritual beliefs				
To say prayers daily				
To do things for myself				
To be able to communicate with others in my language				
To be able to engage in creative arts and to feel good about my accomplishments				
To be able to read and learn regularly				

Other:



Name:

Date:

Interests

Past

Present

Notes

Gardening

Playing cards

Cooking

Baking

Animals

Children

Volunteering

Helping others

Listening to Music (what type?)

Reading (what does he/she like to read?)

Swimming

Browsing the internet

Yoga

Crafts (Favourite types?)

Dancing (Favourite types?)

Wood working (what types of projects?)

Nature (specify)

Collecting (stamps, coins etc.)

Watching Movies (what types?)

Travelling (favourite destinations?)

Fishing

Knitting (basic/advanced?)

Hockey (Playing or watching)

Bowling

Planning parties

Attending parties

Outer space/Astronomy

Scrapbooking

Nutrition and health			
Wine tasting			
Photography			
Playing an instrument (guitar, piano etc.)			
Camping			
Riding a motorcycle			
Working out (specify)			
Golfing			
Fashion (hair and makeup)			
Shopping (for what?)			
Celebrity news			
Bingo			
Comedy (elaborate)			
Going to the cottage			
Going to the theatre			
Acting in a play			
Hiking			
Puzzles			
Painting (what types?)			
Creative arts (elaborate)			
Writing (what does he/she like to write about?)			
Bird watching			
Learning new things			
Keeping my brain active			
Talking on the phone			
Doing email			
Surfing on the computer			
Using a tablet/iPad/etc.			
Sending text messages			
Trivia			
Singing			

Other:

Top 5 – 10 Interests: (list or circle or rate 1 – 5 or 1 – 10)

Today's Schedule

Today is: _____

Time	Details	Location	Check <input type="checkbox"/> when done

Staff should consider using the WOW Model to develop program plans based on the information collected. The WOW Model/Form follows.



WOW Programming Chart

One staff person completes the Who and Observations columns for one resident. As a team – you meet to decide What to do.

W – Who What do you know about this person?	O Observations	W What will you do?
Date: Name: Location: Contact:	What is happening? What do you see? <ul style="list-style-type: none"> • Why is this happening? • When is this happening? • When is this not happening? • What needs are unmet (boredom? Loneliness? Pain? Lost?) 	What are you going to do? <ul style="list-style-type: none"> - Cueing (wayfinding, finding things) - Agenda - Roles - Routines (in an agenda) - Support for ADL's (cueing) - Leisure activities (things to do) - Social connections

