ALBERTA PROFESSIONAL SERVICES, INC.
ADMISSION ASSESSMENT

Consumer Name ____

Record# ____ Medicaid #______________________________

Date__________________________________ Planned Date of Admission________________________
Address____
Phone ________________________________ Home County and LME____________________________
Medicare Number_______________________ Social Security #_________________________________
Marital Status___________________________ Gender______________________________________

Parent /Guardian/ Next of Kin Name (if applicable)____
Address____
Phone (Home)_________________ (Work)________________ Email _____________________

1. Identification: (Appearance, Occupation, Dress, Grooming, other pertinent characteristics, etc.)

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2. Consumer Strengths & Preferences:

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3. Presenting Problems: (Reason for referral, rationale for service, nature of problem, consumer statement)

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4. The consumer has a current Person Centered Plan: Yes_______ No______

5. History: (Onset, Frequency, Duration, previous treatment received, hospitalizations, social history, etc.)

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6. Family History: (Parents, spouse, siblings, present relationships, etc.)

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7. Legal Status: (past/present legal issues, Court dates, pending issues)

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8. Social Interactions/Interests: (Friends, Support systems, Activities, Hobbies, preferences)

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9. School/Vocational History: (Highest grade completed, work history, preferences)

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10. The consumer has a current Individual Education Plan (IEP): Yes_______ No______ N/A ________

11. Medical History: (Current Physician, hospitalizations medical/psychiatric, allergies, drug/alcohol use)

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12. Current Medications: (Medication, Dosage, Purpose, prescribing physician)

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13. Current Diagnosis:

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14. Immediate Needs/Interventions:

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15. Other assessments available and/or needed, as appropriate:

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____

16. Recommendations and Planned Follow up:

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____
____
____

____ Date______________

Agency Representative's Signature & title

This forms meets these standards
Authority: 10A NCAC 27G .0205, .0206(a)(2)(3) ; CARF 2013 BH.2.B.12, 2.B.13, 2.B.14