



ADvantage Program

LEVEL OF FUNCTION AND ENVIRONMENTAL ASSESSMENT

(Completed by the physical or occupational therapist)

Member last name	First name	Middle initial	Medicaid number
Street address			
City	County	State OK	Zip
Phone number	<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth

HEALTH STATUS.

Date of assessment: _____

Primary diagnosis: _____

Secondary diagnosis: _____

Past medical and surgical history: _____

Current level of function: _____

CURRENT STATUS.

Strength (specify deficits): _____

Range of motion status (specify deficits): _____

Neurological status (specify deficits): _____

Cognition (specify deficits): _____

Proprioception (specify deficits): _____

Pain rating: _____ Location: _____

Frequency: _____ Duration: _____

Skin: _____

Vision: _____

Hearing: _____

Sensation: _____

Coordination: _____

Member last name	First name	Middle name	Medicaid number
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Mobility: _____

Endurance: _____

Rolls in bed: _____

Supine to sit: _____

Sit to stand: _____

Transfer to toilet or bedside commode: _____

Transfer in and out of shower or tub: _____

Transfer bed to stationary chair or wheelchair: _____

Wheelchair mobility (level surfaces): _____

Wheelchair mobility (uneven surfaces): _____

Transfer in and out of vehicle: _____

Weight bearing status: _____

Floor transfers: _____

Gait: _____

Posture: _____

Balance: Sitting static: _____ dynamic: _____

 Standing static: _____ dynamic: _____

Assistive/adaptive equipment:

 available: _____

 currently used: _____

Additional comments:

Member last name	First name	Middle name	Medicaid number
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ENVIRONMENTAL ASSESSMENT.

Describe how the member currently enters and exits the home:

Alternative entrances and exits to the home and member's ability to use them:

Width of current wheelchair or walker:

Measurement of door clearance at proposed environmental modification (EM) site(s):

Height of door threshold to ground at each exit door:

Measurements of existing porch and ramp – length, width, depth, condition:

Handrails or other support structures and member's ability to use them:

Precautionary or safety concerns:

Minimum clear floor space in bathroom:

Alternative bathrooms and member's ability to use them:

Describe how the member's bathing and toileting needs are being met:

