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Physical: Amdec House, Silverwood Close, Steenberg Office Park, Tokai, 7945
Postal: PO Box 30487, Tokai, 7966, South Africa

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Web: www.evergreenlifestyle.co.za

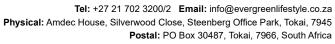
Self-Assessment DQ98

Dear resident

Please complete your biographical data below and give us an accurate indication of various aspects of your health information and daily functionality on the second page. Please report any recent changes in your health status; such as new diagnoses, recent surgeries, etc. Assist your partner/spouse to complete the document as required. Any health data will be handled with strict confidentiality as per policy parameters.

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RESIDENT INFORMATION	
Name:	
Surname:	
Email:	
Village:	
Unit No:	
Tel No:	
Cell No:	
ID No:	
Current Occupation:	
Hobbies:	
MEDICAL INFORMATION	
Medical Aid:	
Plan:	
Medical Aid Number:	
Preferred Ambulance Service	
Provider:	
Preferred Hospital:	
Medical History/Chronic conditions:	
Recent changes in your health status	Describe:
such as new diagnoses, recent	
surgeries or procedures.	
Allergies/Special Alerts:	
Medication:	T INI.
Doctor:	Tel No:
Specialist Doctor:	Tel No:
Pharmacy:	Tel No:
Religion:	
Living Will: Yes/No	
Preferred funeral company:	
NEXT OF KIN	
1. Name:	Relationship:
• Email:	
Tel no/Cell:	
2. Name:	Relationship:
Email:	
Cell:	





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RESIDENT ASSESSMENT-PLEASE TICK OFF THE MOST RELEVANT DESCRIPTION OF YOURSELF

1. Mobility	
Can move independently, with or	
without appliances	
Require partial support or supervision	
Require full assistance	
Bedridden and totally dependent	
2. Dereand Hygiana	
2. Personal Hygiene Independent	
Require supervision or assistance	
Totally dependent	
Totally depolitions	
3. Eating and Drinking	
Independent	
Require supervision or assistance	
Must be fed	
4. Dressing	,
Independent	
Require supervision or assistance	
Totally dependent	
F. Vision	
5. Vision Satisfactory with glasses	
Impaired, require assistance	
Blind, fully dependent	
Billia, fally acpellacit	
6. Hearing	
Satisfactory	
Impaired, require hearing aids	
Deaf, fully dependent	
7. Medication	
Can takes medication independently	
Require assistance	
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8. Elimination	
Full bladder and bowel control	
Require incontinence products	
9. Therapeutic Activities	
Independently participate in activities	
Require assistance	
require assistance	
10. Mental Condition	
Good memory and orientation	
Require support and supervision	
11. Specialized Care	
None	
Require dressing or other special care	Describe:



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12	Gene	ral F	iinc	tio	ne

No caregiver required			
Requires some support or continuous assistance		Describe needs:	
Signed by resident	Date:	Signed by village manager:	Date:
	•	ned by Evergreen Health as required	
Total Care Needs:	Funct	ional Classification:	