

*The FOUNTAINVIEW CENTER for ALZHEIMER'S DISEASE*

**LEVEL OF FUNCTION FORM**

*This form has been created for those applicants that are coming from home, or an assisted living situation, where there is no formal professional caregiver. This should be completed by the primary caregiver. The purpose of this form is to allow Fountainview to determine the applicants' care and needs. It will also help us to assist them in adjusting to the placement.*

Name \_\_\_\_\_

**1. What are his/her abilities? What do he/she need assistance with?**

Feeding \_\_\_\_\_  
Bathing \_\_\_\_\_  
Dressing \_\_\_\_\_  
Walking \_\_\_\_\_  
Speech \_\_\_\_\_  
Other comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. What are his/her behaviors?**

Combative/Aggressive \_\_\_\_\_  
Agitation \_\_\_\_\_  
Wandering \_\_\_\_\_  
Confusion - late afternoon \_\_\_\_\_  
Other comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Do he/she sleep at night? Take naps?**

\_\_\_\_\_  
\_\_\_\_\_

**4. Please describe a typical day for him/her. What is his/her standard routine?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_