

LIFE EXPERIENCE APPRAISAL

ASSESSMENT REVIEW

NAME	Click or tap here to enter text.
MCI #	Click or tap here to enter text.
DOB / AGE	Click or tap here to enter text.
SIS LEVEL	Click or tap here to enter text.
SIS GROUP	Click or tap here to enter text.
SIS DATE	Click or tap to enter a date.

I. SIS			
AREA	COMMENTS	ALIGN	IN ISP
MEDICAL	Click or tap here to enter text.	Choose an item.	Choose an item.
BEHAVIORAL	Click or tap here to enter text.	Choose an item.	Choose an item.
COMMENTS: Click or tap here to enter text.			

II. PA PLUS			
SUPPLEMENTAL QUESTION	RESPONSE	ALIGN	IN ISP
Mobility	Click or tap here to enter text.	Choose an item.	Choose an item.
Transfer	Click or tap here to enter text.	Choose an item.	Choose an item.
Vision	Click or tap here to enter text.	Choose an item.	Choose an item.
Hearing	Click or tap here to enter text.	Choose an item.	Choose an item.
Communication	Click or tap here to enter text.	Choose an item.	Choose an item.
Safety	Click or tap here to enter text.	Choose an item.	Choose an item.
Treatments	Click or tap here to enter text.	Choose an item.	Choose an item.
Psychiatric Diagnosis	Click or tap here to enter text.	Choose an item.	Choose an item.
Psychotropic Meds	Click or tap here to enter text.	Choose an item.	Choose an item.
COMMENTS: Click or tap here to enter text.			

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I. SUPPLEMENTAL QUESTIONS		Y/N	ALIGN	IN PCP
Health Risks				
1	The Individual requires exceptionally high levels of staff support to address severe medical risks related to inhalation or oxygen therapy; postural drainage; chest PT, suctioning; oral stimulation and/or jaw positioning; tube feeding; parenteral feeding; skin care turning or positioning; skin care dressing of open wounds; protection from infectious diseases due to immune system impairment; seizure management; dialysis; ostomy care; medically-related lifting and/or transferring; therapy services, and/or other critical medical supports?			
Severe Community Safety Risk				
2	The Individual is currently a severe community safety risk to others related to actual or attempted assault and/or injury to others; property destruction due to fire setting and/or arson; and/or sexual aggression and has been convicted of a crime related to these risks?			
3	The Individual is currently a severe community safety risk to others related to actual or attempted assault and/or injury to others; property destruction due to fire setting and/or arson; and/or sexual aggression and has not been convicted of a crime related to these risks?			
Severe Risk or Injury to Self				
4	The Individual displays self-directed destructiveness related to self-injury; pica; and/or suicide attempts which seriously threatens their own health and/or safety?			
5	Individual displays a risk of falling, as demonstrated by an unsteady gait, active seizures, documented history of falling, or other issue that effects falling. Describe specifics and frequency of falls in the past 12 months.			

FINDINGS

EXCEPTION ASSESSMENT	
AGREE WITH SIS LEVEL	Choose an item.
EXPLANATION	Click or tap here to enter text.