RALEIGH GERIATRIC CARE MANAGEMENT 

Our **Comprehensive Assessment** is a thorough evaluation of an individual's/couple's situation. It provides the "big picture" so to speak. The assessment provides the foundation for the roadmap of where the individual/couple want to be. An assessment includes, but is not limited, to:

1. *Initial information is gathered over the phone and an appointment is made for the care manager to visit the client in his/her environment. The care manager ascertains presenting problems and concerns and discusses the best approach to the situation.*
2. *Cognitive assessment, depression screen, and nutrition screen*
3. *Home safety and fall risk assessments*
4. *A thorough medical, financial, and social history is completed. This information is received by consults with the individual/couple themselves, family members, physicians, support services, and other professionals as indicated.*
5. *A complete medical file is created. Diagnoses and medications are researched and confirmed. Medical histories are compiled.*
6. *A financial history is completed. Insurance (Health, Long Term Care, etc.) is reviewed. Legal documents including any advance directives are ascertained and referrals made for review or completion of legal documents/services. Finances are reviewed if requested or in the event a client requires budgeting of services.*
7. *A social history is established. Review of client's current social supports. A determination is made as to how to improve an individual's quality of life.*
8. *A thorough evaluation of the current living arrangement, including the need for adaptive devices & environmental modifications, or the move to a different environment or care facility is completed.*
9. *An evaluation of an individual's ability to complete activities of daily living (i.e. shower/bathe, dress, prepare meals, ambulate, etc.).*
10. *A formal report is compiled from this data with specific recommendations to improve one's quality of life. The report is provided to the relevant parties and reviewed with them. Referrals to various professionals, services and programs are included in the report, as appropriate.*

A **plan of care** is developed which may include the care manager's assistance with recommendations/specific projects or ongoing monitoring and assistance or may be implemented by the family or other professional.