Admission Assessment: Comprehensive Holistic Assessment Tool (CHAT)

Client Initials: _____ DOB: _____ Age: _____ Wt: _____
Diagnosis: _____
**attach daily assessment
Patient Admission Information:

I. PERCEPTUAL/SENSORY/COGNITION

Communicating: *pattern involving sending messages*
Name preferred: _____ Sex: _____ Age: _____
Date: _____
Informant: Patient Parent Spouse Other _____ Admitted from: Home ED OR Other_____
At time of interview patient is: alert appropriate relaxed agitated anxious tearful sleepy other _____
Primary language: _____ Interpreter needed: _____

Relating: *pattern involving established bonds*
Role: *marital status, children, parents, siblings:* _____
Significant others/Primary caregiver: _____
Lives with: _____
Recent changes in family: No if Yes, explain: _____
History of physical/sexual/emotional abuse: _____ Do you feel safe at home?_____
Are you in a relationship in which you or your child have been hurt or threatened?_____
In the past year, has someone close to you hit, kicked, punched, slapped, or shoved you or your child?
_____
Occupation/Educational experience: _____
Patient/parent concern related to role responsibilities (school, work, financial, caregiver): _____
_____
Socialization/support systems: _____

Valuing: *pattern involving spiritual growth*
Religious preference: _____ Spiritual needs:_____
Cultural preferences/needs: _____

Knowing: *pattern involving the means associated with information*
Medical History:
Chief complaint: _____
_____
_____
Previous/Ongoing Health problems (symptoms, length of illness, treatment) _____
_____
_____
Previous Hospitalizations/Surgery _____
_____
_____

Immunizations: Up to date Needs _____
Infectious Disease Exposure: None Chicken Pox Rubella Measles Mumps TB Hepatitis
List all medications in use (prescription, OCT, herbals) – see attached medication sheet
List all allergies (medications, food, environment and reaction)

Medication/Food/Environment	Reaction

Risk factors: (smoking, family history, etc.): _____
_____
Substance use: Alcohol (*type*) _____ drinks/day Cigarettes: _____ per day
Illicit drug use: _____ Rx drug use: _____
Perception/Knowledge of Health/Illness: _____
_____
Readiness to learn (ready, willing, and able): _____
Comprehension: Ability to grasp concepts and respond to questions: HIGH MEDIUM LOW
Motivational Level: asks questions eager to learn anxious uninterested uncooperative disinterested denies need for education
Memory: No problem Limited short term memory Limited long term memory
Learning Barriers: None Language Cultural/Religious Emotional Hearing Vision Dexterity
Describe: _____

Feeling: *pattern involving the subjective awareness of information*
Comfort/Pain: (*Is patient in pain? Chronic? Acute? What methods relieve pain, provide comfort?*): ____
_____
Emotional Integrity: (lonely, sad, depressed, angry, joy): _____

Perceiving: *pattern involving the reception of information:*
Sensory Perception: (*Able to receive information via all senses? Deficits noted?*): _____
_____
Visual: _____ Contacts: _____ Eyeglasses: _____
Hearing: _____ Earaches: _____ Hearing Aids: _____

Choosing: *pattern involving the selection of alternatives*
Coping/Stress Management Measures: _____
_____
Support systems: _____
_____

II. MOBILITY

Moving: *pattern involving activity*
See daily assessment for physical assessment component
Functional ability: (*independent, if not specify deficits and needs*): _____
_____
Assistive devices required: _____
Orthopedic equipment: _____
Physical Therapy: _____
Age related hazards of mobility: _____
Fall Risk: _____
Recreation/Play: _____
Self care: _____

III. OXYGENATION

See daily assessment for physical assessment component
Home nebulizer/O_2/CR monitor: _____

IV. CELLULAR INTEGRITY

See daily assessment for physical assessment component
Skin integrity risk factors: none obesity incontinent urine/feces emaciated immobility prematurity altered LOC altered sensation breakdown present Home treatment plan: _____

V. REGULATION

Exchaning: *pattern involving mutual giving and receiving*
See daily assessment for physical assessment component
Recent weight loss or gain: _____
Therapeutic diet: _____ Dietary restrictions: _____
Suck quality: _____ Loose teeth: _____ Dentures: _____ Problems: _____
Sleep patterns: _____
Sexually active: _____ Sexual preference: _____ Birth Control: _____ Problems: _____
LMP: _____ Menarche (age): _____ Menopause (age): _____ BSE: _____
Difficulties: _____
Reproductive History: # of pregnancies: _____ # of births: _____ # of living children: _____
Problems: _____
Testes: _____ TSE: _____ Circumcised: _____ Problems: _____

Additional comments: _____
_____
_____
_____

Discharge Plan: _____
_____
_____
_____
_____