

# FIVE STAR HOME HEALTH CARE AGENCY

1000 County Island Ave., 100 Ft. Monmouth, NY 11851 Phone: (716) 474-0001 Fax: (716) 474-0002

INCLUDE ONE ALTA FOR EACH PATIENT/UNIT

Instructions: Check (✓) with all completed items which are under observation/audit or patient Plan of Care.

|              |        |       |      |
|--------------|--------|-------|------|
| Agency Name: | State: | City: | Zip: |
| Address:     | Phone: | Fax:  |      |

| PATIENT INFORMATION                                                                                                                                                                                                         |     | PATIENT STATUS |     | PATIENT HISTORY |           | PATIENT PHYSICAL |           | PATIENT PSYCHOSOCIAL |                | PATIENT NUTRITION |                  | PATIENT SAFETY |                | PATIENT EDUCATION |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------|-----|-----------------|-----------|------------------|-----------|----------------------|----------------|-------------------|------------------|----------------|----------------|-------------------|------------------|
| NAME                                                                                                                                                                                                                        | DOB | AGE            | SEX | RACE            | ETHNICITY | RELIGION         | DIAGNOSIS | ADMISSION DATE       | DISCHARGE DATE | ADMISSION REASON  | DISCHARGE REASON | ADMISSION DATE | DISCHARGE DATE | ADMISSION REASON  | DISCHARGE REASON |
| 1. NAME (Last, First, Middle)                                                                                                                                                                                               |     |                |     |                 |           |                  |           |                      |                |                   |                  |                |                |                   |                  |
| 2. ADDRESS (Street, City, State, Zip)                                                                                                                                                                                       |     |                |     |                 |           |                  |           |                      |                |                   |                  |                |                |                   |                  |
| 3. PHONE (Home, Work, Cell)                                                                                                                                                                                                 |     |                |     |                 |           |                  |           |                      |                |                   |                  |                |                |                   |                  |
| 4. MEDICAL HISTORY (Current, Past)                                                                                                                                                                                          |     |                |     |                 |           |                  |           |                      |                |                   |                  |                |                |                   |                  |
| 5. PHYSICAL EXAM (Vital Signs, General, Head, Neck, Chest, Abdomen, Extremities, Neurological, Skin)                                                                                                                        |     |                |     |                 |           |                  |           |                      |                |                   |                  |                |                |                   |                  |
| 6. PSYCHOSOCIAL (Mental Status, Mood, Affect, Thought Process, Insight, Judgment, Coping Mechanisms, Support System, Cultural Beliefs, Religious Beliefs, Sexual Orientation, Gender Identity, Substance Use, Risk Factors) |     |                |     |                 |           |                  |           |                      |                |                   |                  |                |                |                   |                  |
| 7. NUTRITION (Appetite, Intake, Weight, Height, BMI, Nutrition Assessment, Nutrition Plan, Nutrition Monitoring, Nutrition Education)                                                                                       |     |                |     |                 |           |                  |           |                      |                |                   |                  |                |                |                   |                  |
| 8. SAFETY (Fall Risk, Medication Management, Wound Care, Infection Control, Disaster Preparedness, Emergency Plan, Patient Education)                                                                                       |     |                |     |                 |           |                  |           |                      |                |                   |                  |                |                |                   |                  |
| 9. EDUCATION (Patient Education, Caregiver Education, Staff Education, Community Education, Research, Quality Improvement, Accreditation, Certification, Regulatory Compliance)                                             |     |                |     |                 |           |                  |           |                      |                |                   |                  |                |                |                   |                  |

|      |      |          |         |
|------|------|----------|---------|
| DATE | TIME | INITIALS | REMARKS |
|      |      |          |         |
|      |      |          |         |
|      |      |          |         |

# Hha Sample Duty Sheets

**Joacim Rocklöv**



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