Health and Dental Summary Tool

Individual's Name: **Date:**

Assessment Author, Title and Agency:

1. Based on the most current medical information, describe existing medical problems, medications and treatments.

2. What is the impact of medical issues on a person's life and current or recommended supports (e.g. OT, PT, PCA, VNA).

3. What are the person's preventive health care needs and supports (e.g. pap smear, mammography, cholesterol screening, or colon cancer screening, etc.)

4. Describe the individual's ability to participate in his (or her) health care (e.g. taking medication, level of comfort during medical procedures, degree of independence, etc.)

5. How satisfied is the person with their current medical and dental providers?

6. What were the dates of the last physical and dental examinations? Identify the provider.