MDS Assessment Cheat Sheet

RESIDENT INFORMATION

Resident Name: _____ Admission Date: _____ dd / mm / yyyy

ASSESSMENT

A: Identification Information:

B: Hearing, Speech, and Vision:

C: Cognitive Patterns:

D: Mood and Behavior:

E: Preferences for Customary Routine and Activities:

G: Functional Status:

H: Bowel and Bladder Incontinence:

I: Active Diagnoses:

J: Health Conditions:

K: Swallowing/Nutritional Status:

L: Oral/Dental Status:

M: Skin Conditions:

N: Medications:

O: Special Treatments, Procedures, and Programs:

P: Restraints:

Q: Participation in Assessment and Goal Setting:

Documentation Tips:

Additional Notes:

Completion Date: _____ dd / mm / yyyy