

IMPAIRMENT QUESTIONNAIRE

(RELEVANT PHYSICAL/MEDICAL CONDITIONS)

CLIENT NAME: _____

DATE: _____

Do you have any advance directives, a living will, or a durable power of attorney for health care decisions in place that ELC should be aware of?

Yes No

If yes, please give that information to the Intake Coordinator for placement in your clinical file.

* Information on Advance Directives is available from ELC's Intake Coordinator.

Please check the current physical/ medical conditions that apply to you today.

- Not Applicable
- Developmental Disability.
- Organically based problem in expressive communication
- Blindness or severe visual impairment
- Deafness or severe hearing loss
- Non-ambulation or major difficulties in ambulation
- Fibromyalgia
- Mental retardation
- Diabetes
- High blood pressure
- Immune system suppression
- Chronic pain
- Hepatitis
- M.S.
- Heart Problems
- Thyroid Problems
- Emphysema
- Cancer
- Polio
- Parkinson's Disease
- Tuberculosis
- Cirrhosis
- Alzheimer's Disease
- Korsakoff's Syndrome
- Stroke
- Leukemia
- Ulcers
- Allergies
- Head Injury
- Constipation
- Anemia
- Overweight
- Sleep Disorder
- Urinary Tract Infection
- Other Chronic health condition requiring on-going care (Please List)
- Seizure Disorder
- Blood Clots
- Arthritis
- Asthma
- Pregnancy
- Irritable Bowel Syndrome
- Diarrhea
- Eating Disorders
- Underweight
- Menopause
- Crohn's Disease