

## New Admissions Checklist — LTC

Name of Resident \_\_\_\_\_

Date of Admission \_\_\_\_\_

Date Assessments to be Completed \_\_\_\_\_

Date MDS to be Completed \_\_\_\_\_

Social Services Professional \_\_\_\_\_

Activity Professional \_\_\_\_\_

Therapists \_\_\_\_\_

Item	Act	SS	RT
Social history			
Capacity statement completed by physician and in chart			
Psychosocial assessment, activity assessment			
Discharge plan			
MDS and RAPs			
Care plan entry			
Letter inviting new person or responsible person to care conference			
Review care plan with the individual and/or responsible person if not in attendance at care conference			
Add individual's name to voting status form, birthday list, alcohol list, outing list			
Mark glasses, dentures and hearing aid(s)			
Weekly charting by social services for the first two months			

**Notes:**