

# North Carolina Department of Health and Human Services

## Adult Services

### Interim or Quarterly Client Review

<b>Client Name:</b>	<b>Date:</b>
<b>Case #</b>	<b>ID #</b>

Review was conducted: **(Check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Day Care Center       | <input type="checkbox"/> By telephone                     |
| <input type="checkbox"/> In client's home            | <input type="checkbox"/> At nursing home/domiciliary care |
| <input type="checkbox"/> At DSS                      | <input type="checkbox"/> Hospital                         |
| <input type="checkbox"/> In client's relative's home | <input type="checkbox"/> *Other – please explain below    |

\*

Information was obtained during the review period from: **(Check all that apply).**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Client             | <input type="checkbox"/> Aide/paid assistant | <input type="checkbox"/> Guardian             |
| <input type="checkbox"/> Facility staff     | <input type="checkbox"/> Friends             | <input type="checkbox"/> *Other professionals |
| <input type="checkbox"/> Primary caregivers | <input type="checkbox"/> Family              |   |

If other, please explain:

Have there been any changes/events since the last review which have had a **SUBSTANTIAL** impact on the client's/family's life or need for services? If yes, summarize briefly below.

*Update face sheet to reflect any changes such as address, telephone, or household composition.*

#### **Review of the functional domains**

Please include in your summary new problems, worsening conditions, improvements, and new resources or accomplishments. *(Include information that documents the continuing need for services.)*

#### **Social**

#### **Environmental** (home and neighborhood)

#### **Economic**

## **Mental/Emotional Health**

## **ADLs and IADLs**

## **Physical Health**

Summarize below any other significant events, contacts, or activities during the quarter (include dates) or attach relevant sections of your log notes.

Update service plan as needed and during each quarterly review with progress toward each goal and add new goals *The service plan form (include form number and name) should be updated as needed.*

**Social Worker's Signature**

Click or tap to enter a date.  
**Date**