

SECTION A. IDENTIFICATION AND BACKGROUND INFORMATION

1.	RESIDENT NAME	a. (First) b. (Middle Initial) c. (Last) d. (Jr/Sr)			
2.	ROOM NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
3.	ASSESSMENT REFERENCE DATE	a. Last day of MDS observation period <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year b. Original (0) or corrected copy of form (enter number of correction)			
4a.	DATE OF REENTRY	Date of reentry from most recent temporary discharge to a hospital in last 90 days (or since last assessment or admission if less than 90 days) <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year			
5.	MARITAL STATUS	1. Never married 3. Widowed 5. Divorced 2. Married 4. Separated			
6.	MEDICAL RECORD NO.	<input type="text"/>			
7.	CURRENT PAYMENT SOURCES FOR N.H. STAY	(Billing Office to indicate; check all that apply in last 30 days) Medicaid per diem a. VA per diem f. Medicare per diem b. Self or family pays for full per diem g. Medicare ancillary part A c. Medicaid resident liability or Medicare co-payment h. Medicare ancillary part B d. Private insurance per diem (including co-payment) i. CHAMPUS per diem e. Other per diem j.			
8.	REASONS FOR ASSESSMENT [Note—If this is a discharge or reentry assessment, only a limited subset of MDS items need be completed]	a. Primary reason for assessment 1. Admission assessment (required by day 14) 2. Annual assessment 3. Significant change in status assessment 4. Significant correction of prior full assessment 5. Quarterly review assessment 6. Discharged—return not anticipated 7. Discharged—return anticipated 8. Discharged prior to completing initial assessment 9. Reentry 10. Significant correction of prior quarterly assessment 0. NONE OF ABOVE b. Codes for assessments required for Medicare PPS or the State 1. Medicare 5 day assessment 2. Medicare 30 day assessment 3. Medicare 60 day assessment 4. Medicare 90 day assessment 5. Medicare readmission/return assessment 6. Other state required assessment 7. Medicare 14 day assessment 8. Other Medicare required assessment			
9.	RESPONSIBILITY/LEGAL GUARDIAN	(Check all that apply) Durable power attorney/financial d. Legal guardian a. Family member responsible e. Other legal oversight b. Patient responsible for self f. Durable power of attorney/health care c. NONE OF ABOVE g.			
10.	ADVANCED DIRECTIVES	(For those items with supporting documentation in the medical record, check all that apply) Living will a. Feeding restrictions f. Do not resuscitate b. Medication restrictions g. Do not hospitalize c. Other treatment restrictions h. Organ donation d. NONE OF ABOVE i. Autopsy request e.			