

Appendix 20g ■ Reassessment Summary

MSSP Site	
Client Name	
MSSP Number	Staff Code
Date of Reassessment	
Staff Signature/Title	
<p><i>These are general guidelines: include only information, which is pertinent to develop and support a care plan. Focus on changes. It is not necessary to include information in more than one section of the summary. Place it where it has most relevance.</i></p>	
1.	Client Description: <i>(Age, living arrangement, physical appearance and presentation).</i>
2.	Health: <i>(Diagnosis: changes in general health status, health practices, medical compliance, nutrition, continence; problematic signs or symptoms, frequency and adequacy of health care).</i>
3.	Medications: <i>(Medication use/interactions, ability to self manage).</i>
4.	ADL/IADL Functioning Levels: <i>(Changes in ambulatory status, functional abilities, assistive devices, areas of unmet need; support for LOC finding).</i>