

PERS Assessment/Evaluation Form

Reduce the Risk of Hospitalization

Studies show that if you can get help within 1 hour following an emergency there is a **90%** chance that you will maintain your independence
Some call this the "Golden Hour."

Client/Patient Info:

First Name: _____ Last Name: _____

Address: _____

Phone: _____

PHONE SERVICE PROVIDED BY: _____

Contact: (If different from customer.) _____

Phone: _____

A Personal Emergency Response System or PERS is a live two-way voice hands-free communication system that functions similarly to a speakerphone and consists of a base unit and a remote, waterproof personal emergency help button that is worn by an individual as a pendant/necklace or bracelet to get emergency assistance at the push of a button.

Included with every PERS:

- ✓ Access to the 24/7 Galaxy Medical Alert Response Center (5 Diamond Certified) in the event of an emergency
- ✓ Care calls for added peace of mind
- ✓ If necessary, courtesy calls to inform loved ones or a physician of your emergency
- ✓ NO long term contract
- ✓ NO cancellation penalty

ASSESSMENT: (complete evaluation on the reverse side before completing this section of worksheet)

A Personal Emergency Response System **is / is not** (circle one) recommended.

Reviewed by _____ Date _____

Company/Agency: _____

Phone: _____

Place scores in left hand boxes and total all boxes in final frame indicated "Total"
 (All checked boxes are one (1) point unless otherwise indicated)

	<input type="checkbox"/> Do you live alone?
	<input type="checkbox"/> If you answered ' no ' to question #1: At any time during the day/week is your caregiver away and you are left alone?
	<input type="checkbox"/> Have you fallen inside or outside of your residence at least once during the past three years?
	<input type="checkbox"/> Are there times when you feel weak or dizzy?
	<input type="checkbox"/> Are you worried that you may fall and not be able to get up and call for help?
	<input type="checkbox"/> Do you worry about taking a shower or bath alone? (I.e. falling, getting ill)
	Do you have one or more of these ailments? (Check all that apply. Score one point for each check.) <input type="checkbox"/> Arthritis <input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD) <input type="checkbox"/> Congestive Heart Failure (CHF) <input type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension or High Blood Pressure <input type="checkbox"/> Low Vision or Visual Impairments <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Stroke
	<input type="checkbox"/> Are you concerned that you may have a negative reaction to medication and not be able to get help? (example: insulin)
	<input type="checkbox"/> Were you hospitalized or taken to the emergency room during the past two years?
	<input type="checkbox"/> Do you use a cane, walker, wheelchair, stair climber, or other device to help you balance or walk?
	<input type="checkbox"/> Are you afraid that someone may harm you physically or break into your home?
	<input type="checkbox"/> Do you feel unsafe in your neighborhood?
	How much difficulty do you currently have bending over from a standing position to pick something up without assistance of some kind? Circle one: (I can't! + 3 Points) (A lot! +2 Points) (Sometimes +1 Point) (None +0 Points)
	How much difficulty do you have carrying something in your arms while climbing stairs? (I.e. Laundry basket) Circle one: (I can't! + 3 Points) (A lot! +2 Points) (Sometimes +1 Point) (None +0 Points)
	How much difficulty do you have walking up or down an incline? (I.e. Driveway) Circle one: (I can't! + 3 Points) (A lot! +2 Points) (Sometimes +1 Point) (None +0 Points)
	How difficult is it to walk several blocks without assistance of some kind? Circle one: (I can't! + 3 Points) (A lot! +2 Points) (Sometimes +1 Point) (None +0 Points)
	How difficult is it for you to stand up from a soft surface? (I.e. Couch) Circle one: (I can't! + 3 Points) (A lot! +2 Points) (Sometimes +1 Point) (None +0 Points)
Total:	Recommendation: (0-3 May not need PERS) (4-7 May need PERS) (8-10 Likely needs PERS) (11-15 Probably needs PERS) (16 and above Definitely should have PERS)

Please fill in the **TOTAL** score and refer to the **PERS Recommendation** section above. Complete the evaluation by filling in the Assessment section on the other side of this worksheet.