



## Signs Your Parent May Need Assisted Living

Purpose: Help families identify when additional support may be needed.

Client Name: \_\_\_\_\_

Senior's Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Cognitive & Memory Changes

- Frequent forgetfulness (appointments, medications, names)
- Getting lost in familiar places
- Repeating the same questions or stories
- Confusion about time, date, or location
- Difficulty making decisions

### Home & Daily Living Concerns

- House is becoming unclean or cluttered
- Spoiled or expired food in refrigerator
- Difficulty cooking meals
- Trouble managing household chores
- Wearing the same clothes repeatedly

### Personal Hygiene & Self-Care

- Poor hygiene (infrequent bathing, grooming)
- Noticeable body odor
- Wearing inappropriate clothing for weather
- Difficulty using the bathroom independently

### Medication Management

- Missing doses or taking incorrect medications
- Confusion about prescriptions
- Running out of medications early or late

### Mobility & Physical Health

- Frequent falls or balance issues
- Difficulty walking or getting up
- Unexplained bruises or injuries
- Decline in overall physical health

### Emotional & Behavioral Changes

- Increased anxiety or depression
- Withdrawal from social activities
- Mood swings or personality changes
- Increased irritability or aggression

### Safety Concerns

- Unsafe driving or recent accidents
- Leaving stove or appliances on
- Wandering or leaving home unexpectedly
- Difficulty recognizing hazards

 Assessment Summary

Number of concerns checked: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Next Steps Recommendation

- Monitor situation
- In-home care support
- Schedule assisted living tour
- Consider memory care evaluation
- Immediate intervention needed