

# Physician's Evaluation

**Aid & Attendance:** Information is requested for the purpose of determining whether the veteran or their surviving spouse is capable of living independently or is in need of another person's help and care to accomplish their activities of daily living or is housebound.

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication/Treatment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Patient NEEDS ASSISTANCE with the following:** (please check all that apply)

Dressing: Yes  No       Bathing: Yes  No       Walking: Yes  No

Medications: Yes  No       Transferring: Yes  No       Using the Toilet: Yes  No

Other ADL's: Yes  No  Explain: \_\_\_\_\_

**Vision:** Is Patient Legally Blind? Left Eye: Yes  No  Right Eye: Yes  No

Patient is incontinent of: Bladder Yes  No  Bowel Yes  No

Patient can use upper extremities: Fully  Partially  Not at all

Patient can use lower extremities: Fully  Partially  Not at all

Can patient travel to the VA medical facility for care? Yes  No

Can patient leave from their home or facility *without assistance or supervision*? Yes  No

(CONTINUED ON BACK)