
This file is for “reading alone”.

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MULTICLIENTELE EVOLUTIVE AUTONOMY PROFILE

EVOLUTIVE PROFILE

No. _____

Year	Date of birth Month	Day	Room no.	File no.
First and last name at birth				
Usual name or spouse's name				
Address				
Postal code	Telephone no. Area code		Sex M <input type="checkbox"/> F <input type="checkbox"/>	
Health insurance no.		Name of attending physician		

* Indicate if there is a problem: N = No, Y = Yes, and any change since the last assessment: – Deterioration, + Improvement, • No change

Date

Year	Month	Day
------	-------	-----

Year	Month	Day
------	-------	-----

Year	Month	Day
------	-------	-----

Must match the autonomy
assessment number

Assessment No.

Assessment No.

Assessment No.

STATE OF HEALTH*

P. 2

- Physical health
- Psychological health
- Specific care
- Medication
- Health services

Problem		Evolution
N	Y	

Problem		Evolution
N	Y	

Problem		Evolution
N	Y	

Assess. No. _____

Assess. No. _____

Assess. No. _____

LIVING HABITS*

P. 4

- Nutrition
- Sleep
- Tobacco use
- Alcohol and drug use
- Personal and leisure activities

Problem		Evolution
N	Y	

Problem		Evolution
N	Y	

Problem		Evolution
N	Y	

Assess. No. _____

Assess. No. _____

Assess. No. _____



EVOLUTIVE AUTONOMY PROFILE

File no.

* **Indicate:** Disability level: **0** = Completely autonomous
-2 = Requires help
Handicap level: **H** (0, -1, -2, -3)
-0,5 ou -1,5 = Autonomous with some difficulty
-3 = Totally dependent
Stability of resources: **S** (- Decrease, + Increase, • Stable)

ADL†	P. 6
1. Eating	
2. Washing	
3. Dressing	
4. Grooming	
5. Urinary function	
6. Bowel function	
7. Toileting	

Assessment No.

Disabilities						H	S
0	-0,5	-1	-1,5	-2	-3		

Assessment No.

Disabilities						H	S
0	-0,5	-1	-1,5	-2	-3		

Assessment No.

Disabilities						H	S
0	-0,5	-1	-1,5	-2	-3		

Technical Aid

Assess. No. _____

Assess. No. _____

Assess. No. _____

MOBILITY†	P. 8
1. Transfers	
2. Walking inside	
3. Installing prosthesis or orthosis	
4. Propelling a wheelchair (W/C) inside	
5. Negotiating stairs	
6. Getting around outside	

Disabilities						H	S
0	-0,5	-1	-1,5	-2	-3		

Disabilities						H	S
0	-0,5	-1	-1,5	-2	-3		

Disabilities						H	S
0	-0,5	-1	-1,5	-2	-3		

Technical Aid

Assess. No. _____

Assess. No. _____

Assess. No. _____



EVOLUTIVE AUTONOMY PROFILE

File no.

* **Indicate:** Disability level: **0** = Completely autonomous
-2 = Requires help
-3 = Totally dependent
Handicap level: **H** (0, -1, -2, -3)
Stability of resources: **S** (- Decrease, + Increase, • Stable)

COMMUNICATION†

P. 10

1. Vision
2. Hearing
3. Speaking

Technical Aid

Assessment No.

Disabilities						H	S
0	-0,5	-1	-1,5	-2	-3		

Assessment No.

Disabilities						H	S
0	-0,5	-1	-1,5	-2	-3		

Assessment No.

Disabilities						H	S
0	-0,5	-1	-1,5	-2	-3		

Assess. No. _____

Assess. No. _____

Assess. No. _____

MENTAL FUNCTIONS†

P. 11

1. Memory
2. Orientation
3. Comprehension
4. Judgment
5. Behavior

Disabilities						H	S
0	-0,5	-1	-1,5	-2	-3		

Disabilities						H	S
0	-0,5	-1	-1,5	-2	-3		

Disabilities						H	S
0	-0,5	-1	-1,5	-2	-3		

Assess. No. _____

Assess. No. _____

Assess. No. _____

INSTRUMENTAL (ADL)†

P. 13

1. Housekeeping
2. Meal preparation
3. Shopping
4. Laundry
5. Telephone
6. Transportation
7. Medication use
8. Budgeting

Disabilities						H	S
0	-0,5	-1	-1,5	-2	-3		

Disabilities						H	S
0	-0,5	-1	-1,5	-2	-3		

Disabilities						H	S
0	-0,5	-1	-1,5	-2	-3		

Technical Aid

Assess. No. _____

Assess. No. _____

Assess. No. _____

EVOLUTIVE AUTONOMY PROFILE

File no.

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PSYCHOSOCIAL SITUATION* P 16

1. Social history
2. Family situation
3. Main caregivers
4. Social network
5. Community, public and private resources
6. Affective state
7. User's impressions
8. Sexuality
9. Personal, spiritual beliefs and values

Assessment No.

Problem		Evolution
N	Y	

Assessment No.

Problem		Evolution
N	Y	

Assessment No.

Problem		Evolution
N	Y	

Assess. No. _____

Assess. No. _____

Assess. No. _____

ECONOMIC CONDITIONS* P 18

1. Capacity to meet obligations

Problem		Evolution
N	Y	

Problem		Evolution
N	Y	

Problem		Evolution
N	Y	

Assess. No. _____

Assess. No. _____

Assess. No. _____

PHYSICAL ENVIRONMENT* P 19

1. Housing conditions
2. Personal and environmental safety
3. Accessibility
4. Proximity of services

Problem		Evolution
N	Y	

Problem		Evolution
N	Y	

Problem		Evolution
N	Y	

Assess. No. _____

Assess. No. _____

Assess. No. _____

[illegible][illegible]

Assess. No. _____

Signature _____ Title _____

Year	Month	Day

