Preadmission Screening and Resident Review (PASRR)
For Persons With Intellectual Disability/Developmental Disabilities and Related Conditions
Hawaii State Department of Health
Developmental Disabilities Division

I. _____ _____ _____ _____ _____
Patient Last Name | First Name | MI | Sex | Medicaid #

_____
Present Address

Range (Check One):

II. DIAGNOSIS: Intellectual Disability (ID) IQ Score: _____ Mild ☐ Mod ☐ Severe ☐ Profound ☐

Other Diagnosis/Illness/Problem	Date of Onset	Current Medication/Dosage	Prognosis/Impact on Functioning

III. PHYSICAL EXAMINATION: Weight: _____ Height: _____ BP: _____

Check each item in appropriate column (normal/abnormal). Enter "NE" if not evaluated. Attach any pertinent reports.

Category	Normal	Abnormal	Description of Abnormal Conditions
Head, Face, Neck, and Scalp	☐	☐	
Nose, Throat and Mouth, Sinuses	☐	☐	
Ears – General	☐	☐	
Hearing: Right: Left:	☐	☐	
Eyes – General	☐	☐	
Vision: Right: Left:	☐	☐	
Heart and Vascular System	☐	☐	
Lungs and Chest	☐	☐	
Genitourinary System	☐	☐	
Abdomen and Viscera	☐	☐	
Anus and Rectum	☐	☐	
Endocrine System	☐	☐	
Upper Extremities	☐	☐	
Lower Extremities	☐	☐	
Spine, Other Musculoskeletal	☐	☐	
Skin, Lymphatic System	☐	☐	
Neurological System	☐	☐	
Psychiatric	☐	☐	

IV. FUNCTIONAL ASSESSMENT (to be completed by professional who knows the patient/resident best): First assess person's functional level as either independent or dependent/requiring partial assist compared to others in the age group. If the person is dependent/partial assist, then determine whether the person needs and/or may benefit from training (as opposed to short term therapy) – i.e. working in a step-wise manner to achieve/maintain goals(s) for independence using specialized techniques generally used for educating/training persons with developmental disabilities/intellectual disabilities.

	INDEPENDENT	DEPENDENT OR REQUIRING PARTIAL ASSIST MAY BENEFIT FROM TRAINING?	
		YES	NO
SELF-CARE/PERSONAL CARE:	☐	☐	☐
Able to perform necessary steps involved in bowel/bladder elimination	☐	☐	☐
Able to dress and undress self	☐	☐	☐
Able to groom and complete personal hygiene needs as bathing, brushing teeth	☐	☐	☐
Able to drink fluids, chew, and swallow foods and use utensils to feed self	☐	☐	☐
COMMUNICATION:	☐	☐	☐
Able to understand and follow simple directions	☐	☐	☐
Able to communicate one's basic needs and wants	☐	☐	☐
Can verbally communicate	☐	☐	☐
Is non-verbal – uses gestures and some single words	☐	☐	☐
COGNITIVE/SOCIAL:	☐	☐	☐
Able to retain and recall what has been learned or experienced	☐	☐	☐
Able to respond appropriately to visual or auditory stimuli	☐	☐	☐
Able to make choices with little or no direction from others	☐	☐	☐
Able to choose, initiate, and engage in leisure activities	☐	☐	☐
Able to evaluate, use logic to discriminate/generalize situations and viable solutions	☐	☐	☐
Able to discriminate gender similarities/differences and appropriate social/sexual behaviors	☐	☐	☐
Able to relate to others on a 1:1 or group basis	☐	☐	☐
MOTOR ABILITIES/MOBILITY:	☐	☐	☐
Able to perform coordinated gross motor activities	☐	☐	☐
Able to perform coordinated fine motor activities	☐	☐	☐
Able to perform eye-hand coordinated activities	☐	☐	☐
Able to independently use available transportation to get to desired destination	☐	☐	☐
Able to independently move from place to place in a wheelchair	☐	☐	☐
VOCATIONAL:	☐	☐	☐
Able to adapt to changes in job related situations (peers, supervisors, assignments)	☐	☐	☐
Able to demonstrate appropriate and acceptable job specific skills	☐	☐	☐
Able to demonstrate responsible work related behaviors as attendance, work on time	☐	☐	☐
INDEPENDENT LIVING SKILLS:	☐	☐	☐
Able to perform independent living household activities as budgeting, shopping	☐	☐	☐
Able to monitor own health status	☐	☐	☐
Able to administer own medications	☐	☐	☐
Able to schedule medical appointments and follow-up	☐	☐	☐
Able to monitor own nutritional status, including making meals	☐	☐	☐

NEEDS ADAPTIVE DEVICES TO PERFORM ANY/ALL OF THE ABOVE: SPECIFY
(e.g. prosthesis, orthosis, hearing aid, visual aid, communication device)

V. EXERNALIZING AND INTERNALIZING BEHAVIORS(S):	FREQUENCY (specify day/week/mo.)	MILD	MOD	SEVERE
Physical violence against others		☐	☐	☐
Damage to property		☐	☐	☐
Sexually inappropriate		☐	☐	☐
Self-abusive		☐	☐	☐
Abuse of unauthorized substances		☐	☐	☐
Other:		☐	☐	☐
Other:		☐	☐	☐
Other:		☐	☐	☐

VI. PSYCHOSOCIAL EVALUATION: Current living arrangements, medical and support system

Name of Examining Physician _____ Signature of Physician _____ Date _____