



The Courtyard at Youville Place
A Memory Support Community

Assessment Eligibility for The Courtyard at Youville Place

Any one of the following indicate an immediate need
for a memory support program

- _____ 1. Has a history of “elopement”
- _____ 2. Poor safety awareness
- _____ 3. Needs assistance with food/liquid intake due to memory loss
- _____ 4. Is not able to make basic needs known
- _____ 5. Disoriented daily
- _____ 6. Frequently has increased anxiety or restlessness
- _____ 7. Unable to activate emergency call system or phone
- _____ 8. Unable to report abuse

Two or more of the following indicate an immediate need
for a memory support program

- _____ 9. Bowel incontinence
- _____ 10. Disturbed sleep
- _____ 11. Constant or frequent pacing
- _____ 12. Confused or anxious
- _____ 13. Hallucinates
- _____ 14. Disoriented
- _____ 15. Needs frequent redirection

Any one of the following indicate an upcoming need
for a memory support program

- _____ 16. Increasing forgetfulness
- _____ 17. Appears depressed/withdrawn
- _____ 18. Increasing argumentativeness/agitation
- _____ 19. Frequently repetitive
- _____ 20. Word finding difficulty

Use this tool as a guide. For more information or to schedule a wellness assessment for a friend or loved one contact the marketing team at Youville Place.