



**Longview**  
an Ithacare Community

**Assisted Living Residence/  
Enhanced Assisted Living Residence  
Mental Health Evaluation**

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

Significant Mental Health History & Current Condition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medication: \_\_\_\_\_

I have completed this evaluation in the presence of the above named individual within the past 30 days and I find him/her mentally suited for the care provided at Longview's Assisted Living Residence. This individual does not evidence need for placement in a residential treatment facility licensed or operated pursuant to Article 19, 23, 29 or 31 of the Mental Hygiene Law.

Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

Title: \_\_\_\_\_

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

Check one:

Pre-Admission Evaluation \_\_\_\_\_

Annual Evaluation \_\_\_\_\_

