



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 _____

