Virginia Department of Behavioral Health & Developmental Services

DAP SECURE MEMORY CARE JUSTIFICATION

Instructions:

With the assistance of the state hospital social worker, complete to determine patient's need for secure memory care.

Patient Name: Click or tap here to enter text.

SECURE MEMORY CARE NEEDS	
Has this individual been diagnosed with Major Neurocognitive Disorder (dementia)? If yes, please list specific diagnosis: Click or tap here to enter text.	Choose an item.
What is this individual's level of mobility? Does this individual require equipment in order to ambulate? If yes, explain_Click or tap here to enter text.	Choose an item.
Has this individual engaged in exit-seeking behaviors on a consistent basis while hospitalized? If yes, explain_Click or tap here to enter text.	Choose an item.
Can the individual be supported safely to a less restrictive setting with a monitoring device such as project lifesaver or wander guard? Click or tap here to enter text.	Choose an item.
Is this individual currently formally identified by the state hospital as an elopement risk?Click or tap here to enter text.	Choose an item.
Please provide a justification as to why a secure (locked) facility is the least restrictive setting appropriate for this individual's discharge from the state hospital:_Click or tap here to enter text.	Choose an item.

CSB DAP Coordinator Signature_____

Date _____

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