



Oregon Client Acuity Scale Summary Worksheet

Optional Form

Date of Assessment _____

Client Name _____

Clients are assigned to a Stage if they meet one or more of the criteria listed within each stage. Point values are different for different LIFE AREAS by page.

Date	Life Area	Life Area	Life Area	Life Area	Life Area	Line Totals (Points)
	<u>Psychosocial Assessment</u>	<u>Basic Needs</u>	<u>Transportation</u>	<u>Risk Reduction</u>	<u>Health Ins/Medical Care Coverage</u>	<u>Housing/Living Arrangement</u>
		<u>Mental Health</u>	<u>Addictions</u>			
	<u>Nurse Assessment</u>	<u>Knowledge of HIV Disease</u>	<u>Adherence</u>	<u>Medical Needs</u>	<u>Nutrition</u>	<u>Oral Health</u>

Stage 1: 12-21 Points	Date _____	Assigned Acuity Level _____
Stage 2: 22-42 Points	Date _____	Assigned Acuity Level _____
Stage 3: 43-63 Points	Date _____	Assigned Acuity Level _____
Stage 4: 64-84 Points	Date _____	Assigned Acuity Level _____