

Oregon Client Acuity Scale Summary Worksheet

Client name _____ Date of assessment _____

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	Life area
	<u>Psychosocial assessment</u>	Basic needs	Transportation	Risk reduction	Health ins/medical care coverage	Housing/living arrangement
		Self sufficiency	Mental health	Addictions		
	<u>Nurse assessment</u>	Knowledge of HIV disease	Adherence	Medical needs	Nutrition	Oral health

Stage 1:	13-22 Points
Stage 2:	23-42 Points
Stage 3:	43-63 Points
Stage 4:	64-84 Points

Date _____	Assigned acuity level _____
Date _____	Assigned acuity level _____
Date _____	Assigned acuity level _____
Date _____	Assigned acuity level _____