NEBRASKA

Impairments
Checklist

Client: _____

Team Member: _____

MENTAL FUNCTIONING DEVELOPEMENTAL

☐ Primary	☐ Secondary	☐ Tertiary

- ☐ Adjustment disorder
- ☐ Alcohol dependence or Abuse
- ☐ Attention deficit/hyperactivity disorder
- ☐ Autism
- ☐ Behavioral disorder (SpecEd)
- ☐ Brain injury-cognitive dysfunction
- ☐ Drug dependence or Abuse
- ☐ Epilepsy
- ☐ Impulse control disorder
- ☐ Intellectual disability, borderline
- ☐ Intellectual disability, mild
- ☐ Intellectual disability, moderate
- ☐ Intellectual disability, severe & profound
- ☐ Schizophrenia
- ☐ Specific learning disability
- ☐ Specific mental disorder

Date of Onset: _____

Doctor/Clinic: _____

Rx: _____

MENTAL FUNCTIONING ADULT ONSET

☐ Primary	☐ Secondary	☐ Tertiary

- ☐ Adjustment disorder
- ☐ Alcohol dependence or Abuse
- ☐ Alzheimer's disease
- ☐ Antisocial personality disorder
- ☐ Anxiety Disorder
- ☐ Bipolar Disorder
- ☐ Borderline personality disorder
- ☐ Brain injury-cognitive dysfunction
- ☐ Cyclothymic disorder
- ☐ Delirium, dementia, amnestic & other cognitive disorder
- ☐ Delusional disorder
- ☐ Dependent personality disorder
- ☐ Depressive disorder, major
- ☐ Disassociate disorder
- ☐ Drug dependence or Abuse
- ☐ Dysthymic disorder
- ☐ Epilepsy
- ☐ Factitious disorder
- ☐ Mood disorder- other
- ☐ Neurotic disorder
- ☐ Obsessive compulsive disorder
- ☐ Panic disorder
- ☐ Paranoid personality disorder
- ☐ Post-traumatic stress disorder
- ☐ Psychotic disorder, other
- ☐ Schizoaffective disorder
- ☐ Schizoid personality disorder
- ☐ Schizophrenia
- ☐ Schizophrenoform disorder
- ☐ Schizotypal personality disorder
- ☐ Sexual & gender identity disorder
- ☐ Seizure disorder
- ☐ Sleep disorder
- ☐ Somatoform disorder
- ☐ Specific mental disorder

Date of Onset: _____

Doctor/Clinic: _____

Rx: _____

VOICE, SPEECH, HEARING & VESTIBULAR FUNCTIONING

☐ Primary ☐ Secondary ☐ Tertiary

- ☐ Deaf
- ☐ Deaf-blind
- ☐ Hearing loss
- ☐ Meniere's disease
- ☐ Speech impairment (Spec Ed)
- ☐ Tinnitus
- ☐ Specific voice, speech, hearing or vestibular disorder
- ☐ Brain-injury-aphasia
- ☐ Laryngectomy
- ☐ Stroke-aphasia

Date of Onset: _____

Doctor/Clinic: _____

Rx: _____

SEEING

☐ Primary ☐ Secondary ☐ Tertiary

- ☐ Blindness, both eyes
- ☐ Blindness, one eye
- ☐ Cataract
- ☐ Visual impairment (Spec Ed)
- ☐ Specific visual disorder

Date of Onset: _____

Doctor/Clinic: _____

Rx: _____

CARDIOVASCULAR FUNCTIONING

☐ Primary ☐ Secondary ☐ Tertiary

- ☐ Anemia
- ☐ Arteriosclerosis
- ☐ Arteriosclerotic cardiovascular disease
- ☐ Cardiac arrhythmias
- ☐ Congestive heart failure
- ☐ Congenital heart condition
- ☐ Hemophilia
- ☐ Hypertension
- ☐ Leukemia & aleukemia
- ☐ Myocardial disease
- ☐ Peripheral vascular disorder
- ☐ Reynaud's disease
- ☐ Sickle cell anemia
- ☐ Valvular heart disease
  Specific cardiovascular disorder

Date of Onset: _____

Doctor/Clinic: _____

Rx: _____

RESPIRATORY FUNCTIONING

☐ Primary ☐ Secondary ☐ Tertiary

- ☐ Asbestosis
- ☐ Cancer
- ☐ Chronic Bronchitis
- ☐ Emphysema
- ☐ Pneumoconiosis
- ☐ Sinusitis
- ☐ Tuberculosis
- ☐ Specific respiratory disorder

Date of Onset: _____

Doctor/Clinic: _____

Rx: _____

DIGESTIVE, NUTRITIONAL METABOLIC FUNCTIONING

☐ Primary ☐ Secondary ☐ Tertiary

- ☐ Cirrhosis
- ☐ Colostomy
- ☐ Dental disorder
- ☐ Diverticular disorder
- ☐ Element deficiency/toxicity disorder
- ☐ Enteritis
- ☐ Gastritis
- ☐ Gastroenteritis
- ☐ Hepatitis
- ☐ Hernia
- ☐ Hiatus hernia
- ☐ Obesity
- ☐ Pancreatitus
- ☐ Temporal mandibular joint disorder
- ☐ Ulcers-stomach/duodenum
- ☐ Ulcerative colitis
- ☐ Specific digestive, nutritional or metabolic disorder
- ☐ Cancer
- ☐ Cholecystitus

Date of Onset: _____

Doctor/Clinic: _____

Rx: _____

IMMUNOLOGICAL & ENDOCRINOLOGICAL DISORDERS

☐ Primary ☐ Secondary ☐ Tertiary

- ☐ Acquired immune deficiency disorder (AIDS)
- ☐ Addison's disease
- ☐ Adrenal disorder
- ☐ Allergies
- ☐ Asthma
- ☐ Autoimmune disorder
- ☐ Avitaminosis
- ☐ Cushing's syndrome
- ☐ Cystic fibrosis
- ☐ Diabetes mellitus
- ☐ Human immune virus (HIV)
- ☐ Hodgkin's disease
- ☐ Hypersensitivity reactions & disorders
- ☐ Lyme disease
- ☐ Pituitary disorder
- ☐ Premenstrual syndrome
- ☐ Systemic lupus erhthematosis
- ☐ Thyroid disorder
- ☐ Specific immunological &endocrinological disorders

Date of Onset: _____

Doctor/Clinic: _____

Rx: _____

GENITOURINARY

☐ Primary ☐ Secondary ☐ Tertiary

- ☐ End stage renal failure
- ☐ Specific genitourinary disorder

Date of Onset: _____

Doctor/Clinic: _____

Rx: _____

NEUROMUSCULOSKELETAL & MOVEMENT RELATED FUNCTIONING

☐ Primary	☐ Secondary	☐ Tertiary

- ☐ Amputation-lower extremity
- ☐ Amputation-upper extremity
- ☐ Amyothropic lateral sclerosis (ALS)
- ☐ Arthritis
- ☐ Back injury
- ☐ Brain injury-hemiplegia
- ☐ Burn injury
- ☐ Cancer
- ☐ Carpal tunnel syndrome
- ☐ Cerebral palsy
- ☐ Charcot-marie-tooth syndrome
- ☐ Chronic fatigue syndrome
- ☐ Diabetic neuropathy
- ☐ Friedrich's ataxia
- ☐ Guillain-barre syndrome
- ☐ Multiple sclerosis
- ☐ Muscular dystrophy
- ☐ Myasthenia gravis
- ☐ Neurofibromatosis
- ☐ Orthopedic impairment (Spec Ed)
- ☐ Osteomyelitis
- ☐ Osteoporosis
- ☐ Paraplegia
- ☐ Parkinson's disease
- ☐ Peripheral neuropathy
- ☐ Poliomyelitis
- ☐ Quadriplegia
- ☐ Spinal cord injury
- ☐ Stroke
- ☐ Tendinitis
- ☐ Tourette's syndrome
- ☐ Specific neuromusculoskeletal disorders

Date of Onset: _____

Doctor/Clinic: _____

Rx: _____

FUNCTIONING OF THE SKIN & RELATED STRUCTURES

☐ Primary	☐ Secondary	☐ Tertiary

- ☐ Acne
- ☐ Burn injury
- ☐ Contact dermatitis
- ☐ Psoriasis
- ☐ Specific skin & related structure disorders

Date of Onset: _____

Doctor/Clinic: _____

Rx: _____

ASSISTIVE TECHNOLOGY

Check the box next to the following areas in which the client uses orthotic/prosthetic/assistive devices, technical aids, or environmental modifications/adaptions:

- ☐ Communication
- ☐ Environmental Control
- ☐ Handling Things
- ☐ Home Modifications
- ☐ Housekeeping
- ☐ Mobility
- ☐ Personal Care
- ☐ Recreation
- ☐ Training
- ☐ Vehicle Modifications
- ☐ Work Place Modifications