



Music Playlist Impact Evaluation Form

****In subsequent observations, please note any changes in all areas of this study****

Name _____ Admission Date: _____ Date _____

Diagnosis _____

Meds/Dosage (**recent increase/decrease or change in psychotropic or pain meds?**)

Medication	Dosage	Frequency	Recent changes	Other Notes

Pain _____ Yes _____ No Pain Scale _____ Frequency _____

Palliative _____ Yes _____ No Hospice _____ Yes _____ No

Weigh _____ Weight Loss Risk _____ Yes _____ No

Supplements _____

Dining Notes _____

Mood/Depression/Anxiety _____

Behaviors (recent discharges to Geri-Psych or hospital?)

Cognition/Alert/Oriented _____

Social Services Notes _____

Nurses Notes _____

HCA Notes/ADLs/Resistance to Care _____

QOL Notes _____

Therapy/Restorative Notes _____

Describe use of music with this individual: When? Purpose? Frequency? Response? _____