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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ABOUT CONSUMER** | | | | | | | | | | | |
| NAME OF CONSUMER |  | | | | | | | | DOB | |  |
| PREFERRED NAME |  | | | | | | | | GENDER: | |  |
| ADDRESS |  | | | | | | | | | | |
| CONTACT NUMBER | HOME: | | | | | | | | MOBILE: | | |
| COUNTRY OF BIRTH |  | | | PREFERRED LANGUAGE | | | | |  | | |
| RELIGION / BELIEF |  | | | INTERPRETER | | | YES NAME : NO | | | | |
| SERVICES | NDIS  HCP  LEVEL 1  LEVEL 2 LEVEL 3  LEVEL 4 | | | | | | | | | | |
| REFERENCE # | NDIS MAC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| ATSI  DVA : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  M/C : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PRIVATE HEALTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| CASE MANAGEMENT | | | AQC  SELF MANAGEMENT (name of In charge person: \_\_\_\_\_\_\_\_\_\_\_\_ ) | | | | | | | | |
| MEDICAL CONDITION | | |  | | | | | | | | |
| ALLERGY | | |  | | | | | | | | |
| EMERGENCY CONTACT | |  | | | | RELATIONSHIP | | | |  | |
| CONTACT NUMBER | | HOME: | | | | | | MOBILE: | | | |
| ACD / 7 STEPS PATHWAY | | | □ YES □ NO □ NFR □ TRANSFER TO HOSPITAL | | | | | | | | |
| REASON OF CARE PLAN | | | □ Initial Care Plan □ Post Hospitalisation □ Significant Changes  □ Annual Review □ Others : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| **DEFINING CHARACTERISTICS** | | | **GOALS** | | **INTERVENTION / SERVICES / PERFERENCE** | | | | | | |
| **NUTRITION HYDRATION** | | |  | |  | | | | | | |
| **MOBILITY** | | |  | |  | | | | | | |
| **TRANSFER** | | |  | |  | | | | | | |
|  | | | | | | | | | | | |
| **PERSONAL HYGIENE** | | |  | |  | | | | | | |
| **CONTINENCE TOILETING** | | |  | |  | | | | | | |
| **TRANSPORT** | | |  | |  | | | | | | |
| **DOMESTIC ASSISTANCE** | | |  | |  | | | | | | |
| **GARDENING** | | |  | |  | | | | | | |
| **SOCIAL SUPPORT** | | |  | |  | | | | | | |

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| AQC REPRESENTATIVE |  | DATE |  |
| CONSUMER / REPRESENTATIVE |  | DATE |  |

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| --- | --- |
| DATE OF REVIEW |  |
| REASON OF REVIEW | ☐ Post Hospitalisation ☐ Annual Review Post Incident  ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| COMMENTS / CHANGES |  |
| AQC STAFF (full name & signature) |  |

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| --- | --- |
| DATE OF REVIEW |  |
| REASON OF REVIEW | ☐ Post Hospitalisation ☐ Annual Review Post Incident  ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| COMMENTS / CHANGES |  |
| AQC STAFF (full name & signature) |  |

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| --- | --- |
| DATE OF REVIEW |  |
| REASON OF REVIEW | ☐ Post Hospitalisation ☐ Annual Review Post Incident  ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| COMMENTS / CHANGES |  |
| AQC STAFF (full name & signature) |  |

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| --- | --- |
| DATE OF REVIEW |  |
| REASON OF REVIEW | ☐ Post Hospitalisation ☐ Annual Review Post Incident  ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| COMMENTS / CHANGES |  |
| AQC STAFF (full name & signature) |  |