



Queensland  
Government

Royal Brisbane & Women's Hospital

# GERIATRIC & REHABILITATION LIAISON SERVICE (GRLS) CLINICAL ASSESSMENT

(Affix patient identification label here)

URN: 432478

Family Name: Liuxz

Given Names: Yung

Address: 8 gillingham st, woodlany

Date of Birth: 11/06/15

Sex: ☒ M ☐ F ☐ I

Date: 06 / 11 / 23 Time: 16 : 00

Admission date: 07 / 28 / 16

Date referred to GRLS: 16 / 11 / 28

SNAP date: 17 / 28 / 13

Admitting Unit: 1 Unit

Ward:

SNAP category:

INFECTIOUS PRECAUTIONS: ☒ MRSA ☐ ESBL ☒ VRE ☒ Other: Uneab

BEHAVIOUR ISSUES ☐ HIGH VISUAL BAY ☒ SIGNIFICANT PSYCHOSOCIAL ISSUES ☐

DIAGNOSIS information  
doctor

PAST MEDICAL HISTORY

medical  
professional

SOCIAL SITUATION

☒ Lives Alone ☐ With other (specify): ☒ Carer / supports: ☐ EPOA:  
☐ Community Services: ☐ Residential Care: ☐ ACAT:  
☐ Aged Pension ☒ Disability Pension ☐ NDIS ☐ WorkCover ☐ CALD/ Interpreter:  
☐ Other: ☒ DVA: ☐ Private Health:

HOME ENVIRONMENT

☐ House ☒ Unit ☐ Own ☐ Rented ☒ Dept of Housing ☐ Other:  
☐ Lowset / ☐ Highset Steps: OT home visit: ☐ Yes ☐ No ☐ Grab rails ☐ Equipment

PRE ADMISSION FUNCTIONAL STATUS

Mobility / TF / balance: 328

Cognition: Heraring

Self cares: worker

Vision / Hearing:

IADL's: assist

Medications: Cognition

Working: ☒ Yes ☐ No

Continence: Vision

Driving: ☒ Yes ☐ No

CURRENT FUNCTIONAL STATUS (FIM)

Motor		Bowel management: important	17
Eating: corn	17	Bladder management: purport	17
Grooming: yes	17	Transfers - bed/chair/wchair: chair	17
Bathing: no	17	Transfers - toilet: chair	17
Dressing (upper body): no dressed	17	Transfer - shower/bath: bedthe	17
Dressing (lower body): dressed	17	Mobility: never	17
Toileting: assisted	17	Stairs: help	17
		Motor FIM total score =	191
Cognition		Problem solving: mobility	17
Comprehension: /	17	Memory: needed	17
Expression: /	17		
Social interaction: 1.5 m	17	Cognition FIM total score =	135

☐ PICC/IVC ☒ NGT/PEG ☐ O2 Wt- ☐ Wound/PI ☐ O & P

GERIATRIC & REHABILITATION LIAISON SERVICE CLINICAL ASSESSMENT

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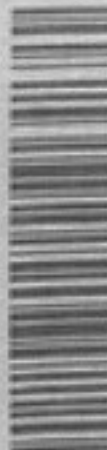
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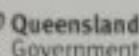
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LIAISON SERVICE (GRLS)  
CLINICAL ASSESSMENT

Date:      /      /      Time:

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LERN-

Family Name

Given Names

Address:

Date of Birth:

Sex: ☐ M ☐ F ☐ I

### Admission summary:

Potential multidisciplinary goals to be achieved during sub-acute admission:

Follow-up appointments required during sub-acute admission:

#### Outcome of GRLS Assessment:

- ☐ Details of assessment discussed with: ☐ MDT ☐ Patient ☐ Family
- ☐ Further GRLS Consultant / Registrar and / or Coordinator review required
- ☐ Patient to be referred for sub-acute care at: .....
- ☐ Referral closed – Reason: .....

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Contact number: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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