



**Australian Government**  
**Department of Social Services**



**myagedcare**

**NATIONAL SCREENING AND ASSESSMENT FORM**

**Event Details - Section 1**

Date on which referral received

Start date

Date of  
Assessment / Screening

Completion date

27/01/2017

27/01/2017

27/01/2017

Priority for assessment

Low

Completion Status

Finished

What type of assessment will be conducted?

Home Support Assessment

Reason for not conducting a  
telephone screening

Office Use Only:

Aged Care Identifier

AC76766047

OPA Record Id (Instance Id)

1-81IJB7Z

Assessment Read Only Indicator ☐

NSAF Questionnaire Version Number

v1.0

## Event details - Section 2

### Referral

Source of Referral Family, significant other, friend

Reason for Referral

Other (source) Margaret Camilleri

Referrer Name

Referring organisation

Contact number

Unit no./Street  
number

Street line 1

Street line 2

Suburb

State/Territory

Postcode

Country

Address Type

### Consent

Consent obtained Provided

No consent reason

### Persons consulted

☐ Are there other participants who have been consulted prior to the assessment?

Other participants consulted

### Contact setting

First face-to-face contact date / date of episode

27/01/2017

Setting

In the client's home

### Primary source of information

Information primarily collect from

The client

Name/organisation

### Participants in Screening/Assessment

☒ Are there other participants involved?

Other participants involved- please specify

Peggy Camilleri

### Current approvals

Level Home Care Package Level 2

Date care ceases

Care Type Home Care Package Level 4

Level Level 3-4

Date care ceases

Care Type Home Care

Level High

Date care ceases

Care Type Respite

### Has the client previously participated in

Screening ☐

Home Support Assessment ☐

Comprehensive Assessment ☐

Other Assessment ☐

Specify

Unable to determine

☐

Comments  
/Further information

Registration

Title                      Given Name                      Middle Name                      Surname

Mr

Emanuel

Felice Michael

Camilleri

Preferred Name

Date of Birth

25/12/1945

Age (auto-generated  
from DoB)

71

☐ Date of birth estimated

Medicare Card

20834155231

DVA Number

Email Address

No fixed address

☐

Preferred phone

Mobile

Phone - home

+610431890525

Phone - mobile

+610431890525

Phone - business

Phone - other

Addresses

Address Type	Address
Home	37 PERCY Street, INGLEBURN, NSW, 2565, Australia

Client Demographics

Gender		Marital Status	
Male		Married (registered/de facto)	
Country of Birth	Ethnicity	Preferred Language	
Malta	Not Stated/Unknown	English	
Do you identify as being Aboriginal and/or Torres Strait Islander?		Are you a veteran or war widow/widower?	
Not stated/inadequately desc			
DVA Entitlement	Who do you live with?	Type of accommodation	
No DVA entitlement	With family	PR Client Owns/Purchasing	

Comments/information

Communication Difficulties

Does the client ever need help to communicate (to understand or be understood by others)?

If "Yes", please specify the type of communication difficulties with supporting comments below

Type of difficulty		Any other	
TIS		NRS required	<input type="checkbox"/>
Comments			

Additional Information

Emergency contact

GP details

Government pensions/Benefits

Insurance

Private Health Insurance

Reason for contact

How may I help you today?

Emmanuel also wants everyone to know he is a kleptomaniac and not to take him to shops.  
Assessor- Emmanuel only wants help to have his head shaved once a week .He has agoraphobia and will only go out with his wife.

Key circumstances triggering contact

- ☐ Hospital Discharge
- ☒ Fall(s)
- ☒ Medical Condition
- ☐ Change in Cognitive Status
- ☐ Change in care needs
- ☐ Concern about increasing frailty
- ☐ Carer burden/issues
- ☐ Change in caring arrangements
- ☐ Change in living arrangements

Specify

- ☐ Sudden change in circumstances

- ☐ Risk of vulnerability

Specify

- ☐ Other

Other reason for contact

☐ Unable to determine

What is concerning you most about your current situation?

Client has psychological issues and his son has a brain tumour which has recently grown in size. Client is very worried and has raised his anxiety even more. Client wanting personal care once a week to shave his head.

How have you been managing with this up until now?

Australian Unity home Care have been coming in for respite and some domestic assistance. Leukaemia foundation do transport to some appointments. His wife Peggy is his main carer.

Further comments on Reason for Contact



# SOCIAL DOMAIN

## Current Support

☒ Does the client currently have a support plan in place?

### Current support plan - details

Australian Unity Home Care provide respite 4hours a week for the last 2 years .Client had an ACAT assessment on the 4/12/14 for a level 3/4 but have not taken it up.

## CURRENT GATEWAY KNOWN SERVICES

Following are those services for which:

1. The service has commenced for the client; and
2. That same service has not yet ended.

Program	Service Type	Service Sub-type	Date of commencement	Service Provider
CHSP	Personal Care	Assistance with Self-Care, Assistance with client self-administration of medicine	21/04/2016	Australian Unity Home Care Service - South Western Sydney Branch - formerly Home Care Service of NSW
CHSP	Specialised Support Services	Vision Services	30/01/2017	Vision Australia Caringbah

Are you currently receiving support?

		Formal	Informal	From whom (if known)?
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Self care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Movement activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Health care tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Moving around places at or away from home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Home maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Domestic Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Activities involving social and Community participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other		<input type="checkbox"/>		
Other - specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

☐ Not applicable
☐ None
☐ Unable to determine

Comments/Further information

Current Support - Programmes

Are you currently receiving support or assistance from any of the following programs (if known)?

<input checked="" type="checkbox"/> Home and Community Care (HACC)	Time Period/End Date for about 2 years
<input type="checkbox"/> Day Therapy Centre (DTC)	
<input type="checkbox"/> National Respite for Carers Program (NRCP)	
<input type="checkbox"/> Assistance with Care and Housing for the Aged (ACHA)	
<input type="checkbox"/> Home Care Level 1 or 2	
<input type="checkbox"/> Home Care Level 3 or 4	
<input type="checkbox"/> Short-Term Restorative Care	
<input type="checkbox"/> Transition care	
<input type="checkbox"/> Veterans home care	
<input type="checkbox"/> Other	Other - Please specify
<input type="checkbox"/> None	

☐ Unable to determine

Are you currently receiving respite in an aged care facility? No

Receiving respite in aged care facility- specify

Has the client or their carer used residential or community based respite care in the last 12 months?

Residential or Community based respite- Details

## Carer

Client supporting someone else

Are you supporting or looking after another person?

No

First name, last name

Relationship to client

Lives with client

☐

Date of Birth

Age

Contact Details

## Carer overview - Client perspective

What type of care does the carer provide? How often?

meals, domestic, personal care, dressing, washing, transport, shopping, medication

Have there been recent significant changes in carer or family support arrangements?

No

Specify

Does the carer experience any difficulties or have any concerns with the caring arrangement?

Yes

### Difficulties and concerns

- ☒ Carer - emotional stress and strain
- ☐ Carer - acute physical exhaustion/illness
- ☐ Carer - slow physical health deterioration
- ☐ Carer - difficulties with specific tasks (lifting, managing medicines etc)
- ☐ Carer - factors unrelated to care situation
- ☐ Client - increasing needs
- ☐ Client - other factors
- ☐ Other

### Difficulties and concerns - details

Are carer arrangements sustainable without additional services or supports?

Yes

### Carer sustainability - details

Managing with Home Care coming in at the moment.

## EMERGENCY CARE PLAN

Is there an emergency care plan in place if something should happen to the carer?

No

Emergency care plan - details

Comments/ further information

Carer Overview - Carer Perspective

What type of care do you provide? How often?

Carer - Do you receive any support in your caring role (e.g. from family, friends, community, other organisations)?

Support in caring role - details

Do you have any other responsibilities (eg. Employment, education)?

Other responsibilities - details

OTHER CARING RESPONSIBILITIES

Do you have any other caring responsibilities

Other caring responsibilities - details

Do you receive a carer payment or allowance?

Do you experience any difficulties or have any concerns with the caring arrangement?

Difficulties and concerns

- ☐ Carer - emotional stress and strain
- ☐ Carer - acute physical exhaustion/illness
- ☐ Carer - slow physical health deterioration
- ☐ Carer - difficulties with specific tasks
- ☐ Carer - factors unrelated to care situation
- ☐ Client - increasing needs
- ☐ Client - other factors

Difficulties and concerns - details

SUSTAINABILITY OF CARING ARRANGEMENTS

Are your caring arrangements sustainable without additional services or supports?

Carer sustainability - details

What support(s) would assist you in managing your caring role?

EMERGENCY CARE PLAN

Is there any emergency care plan in place if something should happen to you?

Emergency care plan - details

Comments/information

Client as Carer Overview

What type of care do you provide? How often?

Carer - Do you receive any support in your caring role (e.g. from family, friends, community, other organisations)?

Support in caring role - details

Do you experience any difficulties or have any concerns with the caring arrangement?

Difficulties and concerns

- ☐ Carer - emotional stress and strain
- ☐ Carer - acute physical exhaustion/illness
- ☐ Carer - slow physical health deterioration
- ☐ Carer - difficulties with specific tasks
- ☐ Carer - factors unrelated to care situation
- ☐ Client - increasing needs
- ☐ Client - other factors
- ☐ Other

Difficulties and concerns - details

## EMERGENCY CARE PLAN

Is there any emergency care plan in place?

Emergency care plan - details

## SUSTAINABILITY OF CARING ARRANGEMENTS

Are your caring arrangements sustainable without additional services or supports?

Carer sustainability - details



Comments/ Further information

## Family, Community Engagement and Support

Describe the client's personal and family support networks

Clients has 3 children .Two local and one daughter in QLD. The children are busy with their own families and working but are in regular contact.

Describe the client's involvement in community based activities, the client's interests, hobbies or special interest groups

Client listens to the radio and takes his little dog out .His wife Peggy takes him out for drives and has coffee.

Describe the client's engagement with family, social/community groups, clubs, etc

Client goes to the club on a Saturday .Home Care come in for respite for four hours .

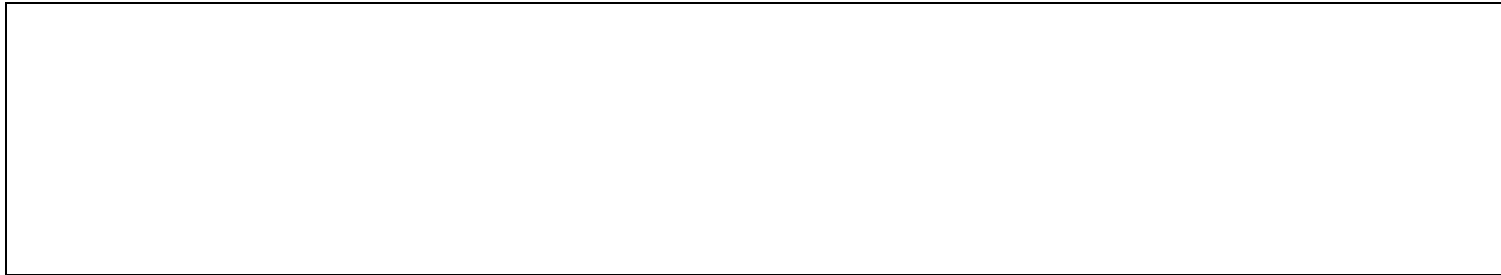
Have there been recent changes in your family, cultural and social situation?

No

Changes in family, cultural or social situation- Details

Comments/information

Details of any information regarding the client's social situation, cultural background, or diverse needs that may need to be considered as part of a recommendation for support



# MEDICAL DOMAIN

Health concerns impacting independence

Health Conditions

Health Condition 0550 - Psychoses & depression/mood  
affective disorders

Primary ☐

Diagnosis status

Additional details

---

Health Conditions

Health Condition 0561 - Phobic & anxiety disorders  
(includes agoraphobia, panic disorder)

Primary ☐

Diagnosis status

Additional details

---

Health Conditions

Health Condition 0921 - Hypertension (high blood  
pressure)

Primary ☐

Diagnosis status

Additional details

---

Health Conditions

Health Condition 0561 - Phobic & anxiety disorders  
(includes agoraphobia, panic disorder)

Primary ☐

Diagnosis status

Additional details

---

Health Conditions

Health Condition 1721 - Irritability & anger

Primary ☐

Diagnosis status

Additional details

---

Health Conditions

Health Condition 0703 - Blindness (both eyes, one eye, one eye & low vision in other eye)

Primary ☐

Diagnosis status

Additional details

---

Health Conditions

Health Condition 0802 - Deafness/hearing loss

Primary ☐

Diagnosis status

Additional details

---

Receiving help to manage these conditions

Specify

Impacts on day to day activities?

Specify

General observations

Emmanuel was sitting in a recliner for the assessment .He uses 2 walking sticks to get around the house and when out uses his white cane. He carry's some weight around his middle section and said he has no feeling in his feet due to the nerve endings killed off when he had high doses of chemotherapy when he had stage 4 Hodgkin's lymphoma .

What are your main health and wellbeing challenges?

Client has Post Traumatic Stress disorder and other anxieties that affect him tremendously .He has many medical issues that are affecting his daily activities and has trouble urinating as he has lost some feeling there .

What do you do to take care of yourself and your health?

medications

Clinical services the client receives

Relevant Medical History

### Medications

Are you taking any prescribed medication?

Yes

How many types?

22

### Allergies

Do you have any allergies and/or sensitivities?

No

Details of allergies and/or sensitivities

### Healthcare

Have you had a GP check up in the past 3 months?

Yes

Do you have any regular health checks?

Yes

Health checks - describe

GP DR Guirguis at Macquarie medical centre.

Have you been discharged from hospital in the past three months?

No

### Hospital Stay - details

Was the use of aids/equipment recommended as a result of the hospital stay?

What aids were recommended?

Were the aids/equipment implemented?

### Aids and equipment details

Uses walking sticks

### Comments/ further information

Also has PTSD and declares he has kleptomania. He also does not have feeling in his feet.  
Client has also had E.coli poisoning, and has Golden staph.

## Oral Hygiene

Do you have any oral health concerns?

No

### Oral health concern details

Have you had a dental check-up in the last 12 months?

Not sure/unable to determine

Do you have any problems with your teeth mouth, or dentures?

No

Do you experience any pain or sore teeth when you eat?

No

Do you have any problems swallowing?

No

## Appetite

How is your appetite?



ok

Have you noticed any loss of taste?

Not sure/unable to determine

Have you been eating poorly as a result of decreased appetite?

Decreased appetite - details

## Weight loss

Have you lost any weight without trying, or had any other nutritional concerns in the past 3 months?

No

Weight loss - details

## Fluid intake

Do you regularly drink more than 8 cups of fluid a day?

No

Have you recently decreased your fluid intake?

No

Specify

## Skin conditions

Do you have any major skin condition(s)?

Yes

Select the conditions

- ☐ Pressure ulcer
- ☐ Other skin ulcer
- ☐ Healing surgical wounds
- ☒ Other skin tears, cuts or lesion
- ☐ Other Skin Problems(eg.bruises,rashes,itching,eczema)

Do any of these require treatment?

No

Treatment - details

Few cuts and scratches from bumping his legs as he has not much feeling in them.

Bladder and Bowel

Do you have any bladder or bowel issues that affect your lifestyle?

Yes

Bladder issues ☒

Bowel issues ☐

Have you discussed these problems with anyone (e.g. GP, continence advisor)?

Yes

Bladder/bowel - Details

Would you like to discuss continence issues with a continence advisory service?

Not sure/unable to determine

Health Literacy

Do you have difficulty understanding information, instructions or written material received from doctors or other health professionals?

No

Comments regarding health literacy

Comments/ Further information

# PHYSICAL DOMAIN

## Health and Lifestyle - Falls

Have you had two or more falls in the past 12 months?

Yes

What caused the falls?

Fell down a retaining wall out the back yard

Are you afraid of falling?

Sometimes

Does the Client have difficulty with:

Balance ☐

Posture ☐

Endurance ☐

Gait ☐

Tremor ☐

Other ☐

Specify

## Pain

Have you had any bodily pain during the past four weeks?

Severe

How does the pain impact on your daily activities?

yes client has constant pain and affects all his activities of daily living

What strategies do you use to help manage the pain?

medication rest

## Vision, Hearing and Speech

Vision

Yes

Vision concerns addressed

Yes

Vision concerns details

low vision legally blind

Hearing

Yes

Hearing concerns addressed

Yes

Hearing concerns details	hearing aid
Speech	No
Speech concerns addressed	
Speech concerns details	

## Changes In Vision

Have you experienced changes with your vision in the past 3 months, or experienced any new eye conditions?	No
Do you have difficulty with vision, even with the glasses?	Yes
When did you last have your eyes checked?	

## Sleep Difficulties

Do you experience any difficulties sleeping (e.g. difficulty falling asleep, fragmented sleep, insufficient sleep)?	Yes
Sleeping difficulties details	going to the toilet

## Alcohol

Do you drink alcohol?	No
Are you concerned about how much alcohol you drink?	
Specify	
How often do you have six or more standard alcoholic drinks on any one occasion?	
Is alcohol consumption causing problem(s) for you?	
Alcohol difficulties details	

## Smoking

Do you smoke or have you smoked previously?	Has quit smoking
When did you quit smoking?	gave up 16 years ago

Not stated/unknown (when the client quit smoking)

☐

How many cigarettes do you smoke per day?

Not stated/unknown (how many cigarettes per day)

☐

Do you wish to quit smoking?

## Physical Activity

In the past week, how often have you completed more than 30 minutes of physical activity (enough to raise breathing rate)?

NA

What activity do you enjoy the most?

Sometimes takes his little dog to the park next to his house .

Would you like to do more physical activity?

No

More physical activity - details

What is stopping you from doing it?

Are you concerned about your level of physical activity?

Yes

Concerns about physical activity - details

Comments/ further information

## Function

Can the client get to places outside of walking distance?

With some help (need someone to help or go with the client when traveling)

Who/what assists?

- ☐ No one
- ☒ Carer
- ☐ Service Provider
- ☐ Aids and equipment
- ☐ Home modifications
- ☐ Other

Will assistance be required to fulfil need?

Yes-Non-Episodic

Comments

Wife goes with him.

Can the client go shopping for groceries or clothes (assuming client transportation)?

Completely unable to do any shopping

Who/what assists?

- ☐ No one
- ☒ Carer
- ☐ Service Provider
- ☐ Aids and equipment
- ☐ Home modifications
- ☐ Other

Will assistance be required to fulfil need?

Yes-Non-Episodic

Comments

Emmanuel does not go shopping because of his kleptomania

Can the client prepare their own meals?

Completely unable to prepare any meals

Who/what assists?

- ☐ No one
- ☒ Carer
- ☐ Service Provider
- ☐ Aids and equipment
- ☐ Home modifications
- ☐ Other

Will assistance be required to fulfil need?

Yes-Non-Episodic

Comments

wife cooks

Can the client do housework?

Completely unable to do any housework

Who/what assists?

- ☐ No one
- ☒ Carer
- ☒ Service Provider
- ☐ Aids and equipment
- ☐ Home modifications
- ☐ Other

Will assistance be required to fulfil need?

Yes-Non-Episodic

Comments

Unity home care

Can the client take their own medicine?

With some help (able to take medicine if someone prepares it for the client and/or reminds the client to take it)

Who/what assists?

- ☐ No one
- ☒ Carer
- ☐ Service Provider
- ☐ Aids and equipment
- ☐ Home modifications
- ☐ Other

Will assistance be required to fulfil need?

No

Comments

Can the client handle their own money?

With some help (manage day-to-day buying but need help managing chequebooks and paying bills)

Who/what assists?

- ☐ No one
- ☒ Carer
- ☐ Service Provider
- ☐ Aids and equipment
- ☐ Home modifications
- ☐ Other

Will assistance be required to fulfil need?

No



Comments

Can the client walk?

With some help from a person or with the use of a walker, or crutches etc

- Who/what assists?
- ☐ No one
  - ☒ Carer
  - ☐ Service Provider
  - ☒ Aids and equipment
  - ☐ Home modifications
  - ☐ Other

Will assistance be required to fulfil need?

Yes-Non-Episodic

Comments

Can the client take a bath or shower?

With some help (need help getting into or out of the bath/shower)

- Who/what assists?
- ☐ No one
  - ☒ Carer
  - ☐ Service Provider
  - ☐ Aids and equipment
  - ☐ Home modifications
  - ☐ Other

Will assistance be required to fulfil need?

Yes-Non-Episodic

Comments

Needs help to shave his head and put shoes on.

Dressing

Needs help but can do about half unaided

- Who/what assists?
- ☐ No one
  - ☒ Carer
  - ☐ Service Provider
  - ☐ Aids and equipment
  - ☐ Home modifications
  - ☐ Other

Will assistance be required to fulfil need?

Yes-Non-Episodic

Comments

Needs help with shoes and socks

Eating

Independent (food provided within reach)

- Who/what assists?
- ☐ No one
  - ☐ Carer
  - ☐ Service Provider
  - ☐ Aids and equipment
  - ☐ Home modifications
  - ☐ Other

Will assistance be required to fulfil need?

Comments

Transfers

Minor help (verbal or physical)

Who/what assists?

- ☐ No one
- ☐ Carer
- ☐ Service Provider
- ☒ Aids and equipment
- ☐ Home modifications
- ☐ Other

Will assistance be required to fulfil need?

Yes-Non-Episodic

Comments 

Wife assists

Toilet Use

Independent (on and off, dressing, wiping)

Who/what assists?

- ☐ No one
- ☐ Carer
- ☐ Service Provider
- ☐ Aids and equipment
- ☐ Home modifications
- ☐ Other

Will assistance be required to fulfil need?

No

Comments

Comments/ Further information

# PSYCHOLOGICAL DOMAIN

## Cognitive

Have you experienced any changes in your memory and thinking?

Yes

### Changes in memory and thinking - details

Getting forgetful due to the medications

Over what timeframe have you experienced these changes?

How is the memory loss impacting on your everyday activities?

Lost his hearing aid recently

Is the client aware of time and place?

Not sure/unable to determine

Are there any reported changes in the client's personality?

No

### Changes in client's personality- details

More stress. Sometimes gets confused when he wakes up, not sure where he is.

Has there been a change in the client's behavior?

No

Specify

How are these behaviors impacting on the client?

Is the client receiving any help or assistance with these?

Yes

Assistance with behaviors- details

Talks to his GP

Does the client have any memory problems or get confused?

Yes

Evidence of confusion/memory problems

Lost hearing aid

Behavioral Concerns

Yes

Evidence of behavioral problems

he does get agitated and show aggression when he goes out to the shops

Are there any concerns about psychological symptoms associated with memory loss?

No

Specify?

Are there any cognitive or mental problems that may need to be considered as part of the recommendation for support?

Not sure/unable to determine

Details of cognitive or mental health problems that may need to be considered

Do you have anyone that assists you in making health or lifestyle decisions?

Yes

Who assists?

Peggy

Relationship to client

Spouse/partner

Do you have anyone that assists you in making financial decisions?

Yes

Who assists?

Peggy

Relationship to client

Spouse/partner

Are there any concerns regarding the client's decision making capabilities?

Comments/ Further information?

Psychosocial

Nervous

Depressed

Lonely

Have you experienced one or more stressful events over the past three months?

Stressful events - details

Son has a brain tumour

Has the client had a sudden change in mental state recently?

Mental state - details

Is the client socially isolated?

Social isolation- details

Comments/ Further information

## Home and personal safety overview

How are you managing at home (e.g. with stairs, floors, etc)?

Manages ok but will be receiving assessment and assistance from Vision Australia

Is the client self-neglecting of personal care, nutrition or safety?

Self neglect - details



Are there any risks, hazards or concerns to you in your home?

No

Risks, hazards, concerns- details

Would any equipment or modification to your home assist you to maintain your independence and/or safety?

Not sure/unable to determine

Modifications/equipment- Details

Does the home environment have any barriers to the client's independence?

No

Barriers - Details

Do you have a personal alarm to use in emergencies?

No

Has the personal alarm been checked in the last 12 months?

No

Is there a working smoke alarm in your house?

Yes

Has the smoke alarm been checked in the last 12 months?

Yes

Is the client at risk and in need of more than one smoke alarm?

Smoke alarms- comments

Do you have a personal emergency plan in case of fire, heat wave or flood?

Not sure/unable to determine

Do you drive a motor vehicle?

No

Are there any concerns in relation to the client being able to drive?

Concerns with driving - details

Do you have any concerns with your living arrangements?

No

Concerns with living arrangements- details

Do you have any concerns about your financial situation?

No

Concerns with financial situations - details

Is the client experiencing financial hardship threatening the use of services essential for supporting them at home?

No

Details of financial hardship

Are you afraid of someone who hurts, insults, controls or threatens you, or who prevents you from doing what you want?

No

Who are you afraid of and what is their relationship to you?

What form does this take?

Is it becoming worse or happening more frequently?

No

Worsening - details

Are you scared for your safety?

No

Scared for safety - details

Does the client have any legal issues that may affect services (e.g. AVO)?

## Legal issues - details

## Comments/ further information

## Complexity Indicators

Person is living in inadequate housing or with insecure tenure or is already homeless which compromises their health, well being and ability to remain living in the community.

No

There is a risk of, or suspected or confirmed abuse.

No

Person has emotional or mental health issues that significantly limits self care capacity, requires intensive supervision and/or frequent changes to support.

Yes

Person is experiencing financial disadvantage or other barriers that threaten their access to services essential for their support.

No

Person has experienced adverse effects of institutionalisation and/or systems abuse (e.g. spending time in institutions, prisons, foster care, residential care or out of home care) and is refusing assistance or services when they are clearly needed to maintain safety and well-being.

No

Person is exposed to risks due to drug and/or alcohol related issues and is likely to cause harm to themselves or others.

No

Person is exposed to risks or is self-neglecting of personal care and/or safety and likely to cause harm to themselves and others

No

Person has a memory problem or confusion that significantly limits self care capacity, requires intensive supervision and/or frequent changes to support.

Yes

## Risk Of Vulnerability Cohort

Aboriginal or Torres Strait Islander

☐

Veteran

☐

Change in family/carer support arrangements

☒

Refugees, asylum seekers or recent migrants without support

☐

Lesbian, gay, bisexual, transgender, intersex or other diverse individuals

☐

Culturally and linguistically or ethnically diverse individual

☒

Socially isolated individual

☒

## Complexity Indicator Assessment

- Does the client have one or more complexity indicators that impact on their ability to live independently in the community? ☒
- Does the risk or issue warrant urgent intervention and/or support to minimise deterioration ☐
- Does the client present with indicators that impede access to delivery of aged care services? ☒

Comments/information related to Complexity Indicators Profile

## Summary of Needs

Identified Need	Nature of Need
Showering	Non-episodic
Shopping	Non-episodic
Housework	Non-episodic
Meals preparation	Non-episodic
Dressing	Non-episodic
Transport	Non-episodic
Walking	Non-episodic
Transfers	Non-episodic

Is it evident that the client is dependent on support in order to be able to remain living in the community?

Yes

Reason

Client has some services in place at the moment and is happy with the level of care he is receiving.

Is it evident that the client requires ongoing support (i.e. case management or care coordination) or has ongoing multiple needs that impact on their ability to remain living in the community?

Yes

Reason

Client has Australian Unity Home Care

Is linking support to services in aged care and/or in other sectors required to address issues and barriers?

No- Client or informal support is able to self-manage linking support

Specify

## Other consideration

### Consideration

Health conditions  
Significant Psychosocial concerns  
Carer sustainability  
Pain  
Memory problems/confusion  
Concerns around physical activity  
Sleep difficulties  
Behavioural concerns  
Vision/hearing/speech  
Falls  
Continence issues  
Skin condition(s)  
Difficulties with caring arrangements

## Event Summary for Home Support Assessment

### Event completion

Event Completion



Event completion date

27/01/2017

Reason for non-completion  
(including follow-up actions  
required)

Event Summary

Emmanuel receives assistance from Auralian Unity for 4hrs per week. Requires referral to Vision Australia

Comments/  
Further Information

Client is only wanting some personal care in the way of having his head shaved once a

## SUPPLEMENTARY ASSESSMENT TOOLS

Please nominate the required Supplementary Assessment Tools (SATs):

- ☐ K-10
- ☐ Caregiver Strain Index
- ☐ Mini Nutritional Assessment
- ☐ OARS-ADL
- ☐ Barthel Index of Activities of Daily Living (ADL)
- ☐ SA Oral Health Referral Pad
- ☐ Oral Health Assessment Tool (OHAT)
- ☐ Revised Urinary Incontinence Scale (RUIS)
- ☐ Revised Faecal Incontinence Scale (RFIS)
- ☐ Brief Pain Inventory
- ☐ Residents Verbal Brief Pain Inventory
- ☐ Abbey Pain Scale
- ☐ Alcohol Use Disorders Identification Test (AUDIT)
- ☐ KICA-ADL
- ☐ KICA-COG
- ☐ KICA-Carer
- ☐ SMMSE
- ☐ Rowland Universal Dementia Assessment Scale (RUDAS)

- ☐ Geriatric Depression Scale (GDS)
- ☐ Informant Questionnaire on Cognitive Decline in the Elderly (IQCODE); short version