



**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

26/09/2016

26/09/2016

10/10/2016

Priority for assessment

Completion Status

Low

Finished

What type of assessment will be conducted?

Comprehensive Assessment

Reason for not conducting a  
telephone screening

Office Use Only:

Aged Care Identifier

AC40409047

OPA Record Id (Instance Id)

1-5HH2HxD

Assessment Read Only Indicator ☐

NSAF Questionnaire Version Number

v1.0

## Event details - Section 2

### Referral

Source of Referral

Reason for Referral

Other (source)

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

### First intervention

Date of First Intervention of a clinical nature

26/09/2016

First intervention outcome

ACAT comprehensive assessment at home with client and wife present. Client wanted to be assessed for a HCP and residential respite care. He did not want to sign for permanent residential option at this stage.

### 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

26/09/2016

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

## Current approvals

Level

Date care ceases

Care Type

Home Care Package Level 2

Level

Date care ceases

Care Type

Residential Respite Low Care

## 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

Alfred

Cutajar

Preferred Name

Date of Birth

20/05/1939

Age (auto-generated  
from DoB)

78

☐ Date of birth estimated

Medicare Card

21131481791

DVA Number

Email Address

No fixed address

☐

Preferred phone

Mobile

Phone - home

+610287836737

Phone - mobile

+610413922996  
0000 000 000

Phone - business

Phone - other

Addresses

Address Type

Home

Address

19 PERISHER Street, HORNINGSEA PARK, NSW,  
2171, Australia

Client Demographics

Gender		Marital Status	
Male		Married (registered/de facto)	
Country of Birth	Ethnicity	Preferred Language	
Malta	Malaitan	English	
Do you identify as being Aboriginal and/or Torres Strait Islander?		Are you a veteran or war widow/widower?	
No - Neither			
DVA Entitlement	Who do you live with?	Type of accommodation	
No DVA entitlement	With partner	PR Client Owns/Purchasing	

Comments/information

Please contact Alfred's daughter Jo-Ann first - 04 1392 2996

Communication Difficulties

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

No

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

## Enduring Power of Attorney (EPOA) / Guardian / Administrator

### Government pensions/Benefits

### Insurance

Private Health Insurance

### Reason for contact

How may I help you today?

Home care package and respite option as his wife is his carer and is becomming more frail and she has had a recent MI.

### 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
- ☐ Sudden change in circumstances
- ☐ Risk of vulnerability

Specify

Specify

☐ Other

Other reason for contact

☐ Unable to determine

What is concerning you most about your current situation?

decline in wifes ability to care for him. She has been his carer since he had a CVA 7 years ago

How have you been managing with this up until now?

care from wife and his son who lives nearby. He assists daily with some personal care and takes to appontments. Has a subsided domestic service for last 3 years and private lawnmowing.

Further comments on Reason for Contact

general house cleaning, personal care, getting dressed, breakfast lunch, transport for doctors appointments, shopping assistance.



# SOCIAL DOMAIN

## Current Support

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

Current support plan - details

assessed with a HSA in July 2016

### 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
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Are you currently receiving support?

		Formal	Informal	From whom (if known)?
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Self care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fear of falling, would benefit from assistance
Movement activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Health care tasks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	with son to appointments
Moving around places at or away from home	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	family
Home maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Domestic Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Australian Unity
Meals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	wife/ family
Transport	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	registered with SW Community Transport
Activities involving social and Community participation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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)?

- |   | Time Period/End Date  |
|---|---|
| <input checked="" type="checkbox"/> Home and Community Care (HACC)            | ongoing DA from<br>australian Unity for<br>last 3 or more 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  |   |
| <input type="checkbox"/> None   |   |
| <input type="checkbox"/> Unable to determine                                  |   |

Other - Please specify

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?

None

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?

Daughter Jo-Ann assists and wife.

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

Yes

Specify

wife has been declining in cognitive and physical functioning especially during 2016

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?

No

### Carer sustainability - details

carer has had a HSA assessment in August 2016. Gets back pain and has had a recent MI

## 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

wife and family

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

watches TV, reads newspaper.

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

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

Yes

Changes in family, cultural or social situation- Details

wife has increased frailty

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

born in Malta, immigrated in 1957

# MEDICAL DOMAIN

Health concerns impacting independence	CVA with right sided weakness , sore back, diabetes
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Health Conditions

Health Condition	0915 - Stroke (CVA)-cerebrovascular accident unspecified
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Primary	<input type="checkbox"/>
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Diagnosis status	Other health practitioner diagnosis
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Additional details

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Receiving help to manage these conditions	Yes
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Specify	medications
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Impacts on day to day activities?	Yes
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Specify	unable to do most IADLs and minimal ADLs
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General observations

weight stable, contracted right arm and right leg. walks with a limp. Self determined
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What are your main health and wellbeing challenges?

old CVA causing his left side to be affected

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

daily routine. Assistance given by wife with IADLs. Reads newspaper and watches TV

#### Clinical services the client receives

follow up with renal physician, endocrinologist and GP

#### Relevant Medical History

NIDDM, HTN, vertigo, CVA 7 years ago, hypercholesterolaemia, NIDDM, bilateral cataracts

#### Medications

Are you taking any prescribed medication?

Yes

How many types?

10

#### 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

visits renal physician and endocrinologist and GP regularly

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

Yes

### Hospital Stay - details

Liverpool Hospital with HTN and dizziness

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

No

What aids were recommended?

Were the aids/equipment implemented?

### Aids and equipment details

### Comments/ further information

uses a quadstick and has an electric scooter. There are no footpaths in his neighbourhood and so he doesn't use his scooter much. Has a wheelchair for longer distances pushed by family

## Oral Hygiene

Do you have any oral health concerns?

Yes

Oral health concern details

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

No

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?

good appetite. Eats a normal diet

Have you noticed any loss of taste?

No

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

No

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?

Have you recently decreased your fluid intake?

Specify

## Skin conditions

Do you have any major skin condition(s)?

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

## Bladder and Bowel

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

No

Bladder issues ☐

Bowel issues ☐

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

### Bladder/bowel - Details

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

## Health Literacy

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

Yes

Comments regarding health literacy  
goes with son

Comments/ Further information

# PHYSICAL DOMAIN

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

Yes

What caused the falls?

Alfred can recall 2 falls in the house in the last 12 months. Unknown cause, ?vertigo, most likely balance.

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?

Very Mild

How does the pain impact on your daily activities?

Alfred's legs are sore.

What strategies do you use to help manage the pain?

uses heat rub ointment

Vision, Hearing and Speech

Vision

No

Vision concerns addressed

Vision concerns details

Hearing

No

Hearing concerns addressed

Hearing  
concerns details

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?

Yes

Do you have difficulty with vision, even with the glasses?

Yes

When did you last have your eyes checked?

has cataracts and is on the public waiting list

## Sleep Difficulties

Do you experience any difficulties sleeping (e.g. difficulty falling asleep, fragmented sleep, insufficient sleep)?

Yes

Sleeping difficulties details

nocturia

## 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?

Never smoked

When did you quit smoking?

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)?

states he has become deconditioned and so is now going to physiotherapist, Liverpool hospital

What activity do you enjoy the most?

as above

Would you like to do more physical activity?

More physical activity - details

What is stopping you from doing it?

Are you concerned about your level of physical activity?

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

Jo-Anne drives when she can however Alfred requires transport assistance and someone to take him into doctors appointments with him. Uses a wheelchair and a quadstick

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

Who/what assists?

- ☐ No one

Will assistance be required to fulfil need?

Yes-Non-Episodic

With some help (need someone to go with the client on all shopping trips)

- ☒ Carer  
☐ Service Provider  
☐ Aids and equipment  
☐ Home modifications  
☐ Other

Comments

Jo-Ann completes the shopping for Alfred. Alfred does not go as it is physically too difficult

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

Comments

Jo-Anne cooks meals for Alfred and freezes them.

Will assistance be required to fulfil need?

Yes-Non-Episodic

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

Comments

Alfred cannot complete housework due to not being able to stand without his walking stick.

Will assistance be required to fulfil need?

Yes-Non-Episodic

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)

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

Comments

Alfred uses a Webster pack. Jo-Anne assists them to take

Will assistance be required to fulfil need?

Yes-Non-Episodic

the correct medications.

Can the client handle their own money?

Completely unable to handle money

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

Jo-Anne manages his finances.

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

quadstick. Independent indoors. Assist xi outdoors

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

Alfred has a shower chair and would benefit from assistance as he has had multiple falls and finds the whole hygiene process tiring when he does it by himself

Dressing

Needs help but can do about half unaided

Who/what assists?

- ☐ No one
- ☒ Carer

Will assistance be required to fulfil need?

Yes-Non-Episodic



- ☐ Service Provider
- ☐ Aids and equipment
- ☐ Home modifications
- ☐ Other

Comments

Alfred needs assistance to help him get dressed as he has trouble getting some clothes on like socks and jumpers.

Eating

Needs help cutting, spreading butter etc

Who/what assists?

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

Comments

Alfred needs his meals cut up for him to eat. Eats cereals, fruit and a cup of tea, sandwiches.

Will assistance be required to fulfil need?

Yes-Non-Episodic

Transfers

Independent

Who/what assists?

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

Comments

Will assistance be required to fulfil need?

No

Toilet Use

Independent (on and off, dressing, wiping)

Who/what assists?

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

Comments

Will assistance be required to fulfil need?

No

Comments/ Further information

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# PSYCHOLOGICAL DOMAIN

Have you experienced any changes in your memory and thinking?

Yes

Changes in memory and thinking - details  
has gradually slowed down he feels

Over what timeframe have you experienced these changes?  
years

How is the memory loss impacting on your everyday activities?  
nil

Is the client aware of time and place?

Yes

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

Changes in client's personality- details

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

Specify

How are these behaviors impacting on the client?

Is the client receiving any help or assistance with these?

Assistance with behaviors- details

Does the client have any memory problems or get confused?

Evidence of confusion/memory problems

Behavioral Concerns

Evidence of behavioral problems

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

Specify?

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

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?

family

Relationship to client

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

Yes

Who assists?

family

Relationship to client

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

Comments/ Further information?

Psychosocial

Nervous

A little of the time

Depressed

A little of the time

Lonely

A little of the time

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

No

Stressful events - details

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

No

Mental state - details

Is the client socially isolated?

Yes

Social isolation- details

Comments/ Further information

## Psychological

Short term memory problems

Occasionally

Long term memory problems

Never

Impaired judgment

Never

At risk behaviour

Never

Aggressive behaviour - Verbal

Never

Aggressive behaviour - Physical	Never
Resistive behaviour	Never
Agitation	Never
Hallucinations/Delusions	Never
Wandering	Never
Disturbed sleep/Insomnia	Never
Anxiety	Never
Depression	Never
Apathy	Never
Confusion	Never
Disorientation - Time	Never
Disorientation - Place	Never
Disorientation - People	Never

Comments/ Further information

Home and personal safety overview

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

lives in large 4 bedroom home. Cclean, spacious no clutter. Split level home on 3 levels internally to all living and sleeping areas

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

No

Self neglect - details



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

Yes

Risks, hazards, concerns- details

two story house with several internal staircases

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

No

Modifications/equipment- Details

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

Barriers - Details

Do you have a personal alarm to use in emergencies?

Yes

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

Is there a working smoke alarm in your house?

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

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?

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?

Concerns with financial situations - details

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

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?

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?

Worsening - details

Are you scared for your safety?

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.

No

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.

No

## 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
Eating	Non-episodic
Showering	Non-episodic
Shopping	Non-episodic
Housework	Non-episodic
Meals preparation	Non-episodic
Dressing	Non-episodic
Medicine management	Non-episodic
Transport	Non-episodic
Walking	Non-episodic
Money management	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

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

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
Risks/hazards/concerns in the home
Falls
Health conditions
Health literacy
Significant Psychosocial concerns
Memory problems/confusion
Sleep difficulties
Recent discharge from hospital
Difficulties with caring arrangements
Oral health concerns

## Event Summary for Comprehensive Assessment -

### Event completion

Event Completion



Event completion date

10/10/2016

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

Event Summary

Client signed own Application for Care form for HCP and respite. Assessor to refer to Gr  
Social Support

Comments/  
Further Information

### Profession(s) of those who participated in the assessment

#### Medical Practitioners

Generalist medical practitioner

☐

Geriatrician

☐

Psychogeriatrician

☐

Psychiatrist

☐

Rehabilitation specialist

☐

Other medical practitioners

☐

#### Nursing professionals

Nurse manager

☐

Nurse educator and researcher

☐

Registered nurse

☒

Registered mental health nurse

☐

Registered development disability nurse

☐

Other nursing professional

☐

## Health professionals

- |                              |                          |
|------------------------------|--------------------------|
| Occupational therapist       | <input type="checkbox"/> |
| Physiotherapist              | <input type="checkbox"/> |
| Speech pathologist/therapist | <input type="checkbox"/> |
| Podiatrist                   | <input type="checkbox"/> |
| Pharmacist                   | <input type="checkbox"/> |
| Aboriginal health worker     | <input type="checkbox"/> |
| Other health professional    | <input type="checkbox"/> |

## Social welfare professionals

- |                              |                          |
|------------------------------|--------------------------|
| Social worker                | <input type="checkbox"/> |
| Welfare and community worker | <input type="checkbox"/> |
| Counsellor                   | <input type="checkbox"/> |
| Psychologist                 | <input type="checkbox"/> |
| Other social professional    | <input type="checkbox"/> |
| Interpreter                  | <input type="checkbox"/> |
| Other professional           | <input type="checkbox"/> |

Other professional - specify

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## 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



## Barthel Index of Activities of Daily Living

Choose the scoring point for the statement that most closely corresponds to the patient's current level of ability for each of the following 10 items. Record actual, not potential, function. Information can be obtained from the patient's self-report, from a separate party who is familiar with the patient's abilities or from observation.

Bowels

Continent

Bladder

Continent (for over 7 days)

Toilet Use

Independent (on and off, dressing, wiping)

Feeding

Needs help cutting, spreading butter, etc.

Transfer

Independent

Mobility

Independent (but may use any aid, e.g., stick)

Dressing

Needs help, but can do about half unaided

Stairs

Independent up and down

Grooming

Independent face/hair/teeth/shaving (implements provided)

Bathing

Dependent

Barthels Total Score

17

Outcome

Sources: - Collin C, Wade DT, Davies S, Home V. The Barthel ADL Index: a reliability study. Int. Disabil. Stud. 1988; 10(2):61-63 - Mahoney FI, Barthel DW. Functional evaluation: the Barthel Index. Md State Med J. 1965; 14:61-65 - Wade DT, Collin C. The Barthel ADL Index: a standard measure of physical disability? Int. Disabil. Stud. 1988; 10(2):64-67

## Rowland Universal Dementia Assessment Scale (RUDAS)

### ROWLAND UNIVERSAL DEMENTIA ASSESSMENT SCALE (RUDAS)

Test administrators should read the RUDAS Administration and Scoring Guide carefully before using the RUDAS.

When administering the RUDAS it is important that the respondent is encouraged to communicate in the language with which they are most competent and comfortable.

#### The Assessment Context - General Guidelines:

##### Test Anxiety

Make sure the test taker is as relaxed as possible, as test anxiety can interfere with performance on cognitive tests.

##### Hearing

Conduct the RUDAS in a quiet area and make sure the test taker can hear clearly. It is important to identify at the beginning of the assessment if the test taker has impaired hearing and accommodate for this as much as possible by speaking slowly and clearly. Encourage the test taker to wear any hearing aids. Be careful not to speak too loudly as this may result in distortion. (There is a large print version of the RUDAS for test takers with severe hearing impairment).

##### Vision

Ensure that the test taker is using reading glasses where necessary and that there is sufficient light in the room.

##### Seating

Sit opposite the test taker. This is important for communication reasons as well as controlling for the difficulty of some items on the RUDAS. Do not sit behind a desk, as this will inhibit the giving of instructions for some items on the RUDAS and may also be intimidating for the test taker.

##### Recording Responses

It is important to record the test taker's full response to each item.

##### Physical Disability

For test takers who have a physical disability (e.g. vision, hearing, hemiparesis, amputee, stroke, aphasia) which may affect their ability to perform certain items on the RUDAS, it is important to complete the RUDAS as fully as possible but to interpret any total score less than 22 with caution (further research is necessary to assess validity of the RUDAS in this sub-group of patients)

##### The Language/ Cultural Context:

Using a Professional Interpreter If you are utilising a professional interpreter to administer the RUDAS it is important to consider the following:

1. Interpreters should be used in all situations where the test taker's preferred language is not spoken fluently by the test administrator.
2. Make sure that the language spoken by the interpreter (including the dialect) is the same one with which the

test taker is familiar.

3. It is important to explain to the test taker that the interpreter is the facilitator and that you will be asking the questions. This may help to avoid confusion during the assessment.

4. It is better for the interpreter to sit next to the test administrator while the test taker sits opposite. This will reinforce the adjunctive role of the interpreter and make it easier for the test taker to synthesise the non-verbal cues from the test administrator and the verbal cues from the interpreter

1. It is important to brief the interpreter before starting the assessment:

- The interpreter should be aware of the general nature of the interaction i.e. that it is a cognitive assessment.
- Remind the interpreter of the importance of concurrent and precise interpreting. Explain that your instructions and the test taker's responses should be interpreted as exactly as possible.
- Ask the interpreter to take note of any instances during the assessment where the test taker's performance may have been affected by subtle or unintended changes to the meaning of the test instructions due to language or cultural factors.
- Inform the interpreter that it may be necessary at the end of the test for you to clarify a concept covered in the assessment to further make the distinction between the test taker's actual cognitive capacity and potential cultural bias which may arise as a result of the translation process.

#### Multilingual Test Administrators

If, as the test administrator, you are multilingual it is important to consider all of the same issues which are relevant to the use of a professional interpreter, as well as the following:

You may need to be careful when translating the RUDAS questions as you might find it more difficult when you have to read in one language and speak in another.

It is important that you translate the RUDAS questions precisely. Be aware of the differences between formal and informal word usage when translating the RUDAS instructions and recording the test taker's responses.

#### Scoring and Interpretation:

When the RUDAS is completed, add up the scores for each item to get a total score out of 30. Any score 22 or less should be considered as possible cognitive impairment and referred on for further investigation by the relevant physician.

#### Memory

1. (Instructions) I want you to imagine that we are going shopping.

Here is a list of grocery items. I would like you to remember the following items which we would need to get from the shop. When we get to the shop in about 5 minutes time, I will ask you what it is we have to buy. You must remember the list for me.

Tea, Cooking Oil, Eggs, Soap.

Please repeat the list for me (ask person to repeat the list 3 times).

(If person did not repeat all four words, repeat the list until the person has learned them and can repeat them, or, up to a maximum of five times.)

#### Visiospatial Orientation

2. I am going to ask you to identify/show me different parts of the body. (Correct = 1). Once the person correctly answers 5 parts of this question, do not continue as the maximum score is 5.

(1) show me your right foot	1
(2) show me your left hand	1
(3) with your right hand touch your left shoulder	1
(4) with your left hand touch your right ear	1
(5) which is (indicate/point to) my left knee	0
(6) which is (indicate/point to) my right elbow	1
(7) with your right hand indicate/point to my left eye	0
(8) with your left hand indicate/point to my left foot	0

#### Praxis

3. I am going to show you an action/exercise with my hands. I want you to watch me and copy what I do. Copy me when I do this...

(One hand in fist, the other palm down on the table - alternate simultaneously.)

Now do it with me: Now I would like you to keep doing this action at this pace until I tell you to stop - approximately 10 seconds. (Demonstrate at moderate walking pace)

Score as:

Normal = 2 (very few if any errors; self-corrected, progressively better; good maintenance; only very slight lack of synchrony between hands)

Partially Adequate = 1 (noticeable errors with some attempt to self-correct; some attempt at maintenance; poor synchrony)

Failed = 0 (cannot do the task; no maintenance; no attempt whatsoever)

Praxis Result	2
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#### Visuoconstructional Drawing


4. Please draw this picture exactly as it looks to you (Show cube on back of page)

(1) Has person drawn a picture based on a square?	1
---	---

(2) Do all internal lines appear in person's drawing? 0

(3) Do all external lines appear in person's drawing? 1

Q4 (2) internal lines 

Q4 (3) external lines 

#### Judgement

5. You are standing on the side of a busy street. There is no pedestrian crossing and no traffic lights. Tell me what you would do to get across to the other side of the road safely.

(If person gives incomplete response that does not address both parts of answer, use prompt: "Is there anything else you would do?") Record exactly what patient says and circle all parts of the response which were prompted.

Did the person indicate that they would look for traffic? Yes

What is the client's score for indicating that they would look for traffic? 2

Did the person make any additional safety proposals? Yes

#### Memory Recall

1. (Recall) We have just arrived at the shop. Can you remember the list of groceries we need to buy?  
(Prompt: If person cannot recall any of the list, say 'The first one was tea.'

(Score 2 points each for any item recalled which was not prompted - use only 'tea' as a prompt)

Tea	2	Cooking Oil	2
-----	---	-------------	---

Eggs	2	Soup	2
------	---	------	---

#### Language

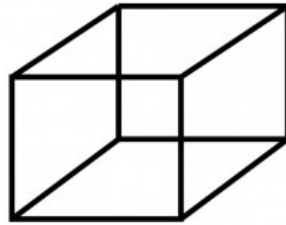
6. I am going to time you for one minute. In that one minute, I would like you to tell me the names of as many different animals as you can. We'll see how many different animals you can name in one minute.

(Repeat instructions if necessary).

Maximum score for this item is 8. If person names 8 new animals in less than one minute there is no need to continue.

Language Score 8

Cube Image



Total Score

29

RUDAS comments

Outcome