



**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

21/03/2017

21/03/2017

27/03/2017

Priority for assessment

Medium

Completion Status

Finished

What type of assessment will be conducted?

Comprehensive Assessment

Reason for not conducting a  
telephone screening

Office Use Only:

Aged Care Identifier

AC06082002

OPA Record Id (Instance Id)

1-9605140

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

21/03/2017

First intervention outcome

Currently receiving TACS following lengthy hospital admission- nearing end of program  
Requires Home Care Package level 4 post TACS to assist with shopping, personal care supervision, domestic/laundry, meals and case management.  
Current ACAT review required to re-prioritize for HCP level 4 (currently medium priority). Ross has agreed to private services if no package available at conclusion of TACS but this will be at great expense to him

### Persons consulted

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

Other participants consulted

EMR2  
TACS nursing Staff

### Contact setting

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

21/03/2017

Setting

Other community setting

### Primary source of information

Information primarily collect from

Healthcare provider

Name/organisation

Northern NSW TACS

### Participants in Screening/Assessment

☐ Are there other participants involved?

Other participants involved- please specify

### Current approvals

Level

Date care ceases

Care Type

Transition Care

Level

Date care ceases

Care Type

Residential Respite High Care

Level

Date care ceases

Care Type 

Home Care Package Level 4

Level

Date care ceases

Care Type 

Residential Permanent

Level 

Home Care Package Level 4

Date care ceases

Care Type 

Home Care Package Level 4

Has the client previously participated in

Screening ☐

Home Support Assessment ☐

Comprehensive Assessment ☐

Other Assessment ☐

Specify

Unable to determine ☐

Comments /Further information 

Comprehensive assessment completed by Julie Ashbrooke, OT NNSW ACAT

Registration

Title	Given Name	Middle Name	Surname
Mr	Ross	Michael	Kennedy

Preferred Name

Date of Birth	Age (auto-generated from DoB)

31/08/1951

65

☐ Date of birth estimated

Medicare Card

22373152181

DVA Number

Email Address

No fixed address

☐

Preferred phone

Home

Phone - home

+610401349126  
0000 000 000

Phone - mobile

Phone - business

Phone - other

Addresses

Address Type

Address

Home

24 JOHNSON Street, SOUTH GRAFTON, NSW, 2460,  
Australia

## Client Demographics

Gender

Male

Marital Status

Divorced

Country of Birth

Australia

Ethnicity

Australian

Preferred Language

English

Do you identify as being Aboriginal and/or Torres Strait Islander?

No - Neither

Are you a veteran or war widow/widower?

DVA Entitlement

No DVA entitlement

Who do you live with?

Lives alone

Type of accommodation

PR Client Owns/Purchasing

Comments/information

## Communication Difficulties

Does the client ever need help to communicate (to understand or be

No

understood by others)?

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

Type of difficulty

Any other

TIS

NRS required

☐

Comments

## Additional Information

## Emergency contact

## GP details

Surname

Cooper

Given Name

Dr Nicholas

Email Address

No fixed address

☐

Preferred phone

Business

Phone - home

Phone - mobile

Phone - business

+610266403600  
(00) 0000 0000

Phone - other

Addresses

Address Type	Address
<input type="text"/>	<input type="text"/>

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

## Government pensions/Benefits

## Insurance

Private Health Insurance

## Reason for contact

How may I help you today?

Ross has contacted MAC requesting assistance with transport, shopping, domestic tasks following TACS. He has approval for HCP level 4 medium priority, high level residential respite and permanent care. TACS staff recommending HCP level 4 package for this client due to intensive case management, lacking insight and high level physical needs relating to Parkinsons disease and hx MVA

### 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

Specify

Other reason for contact

☐ Sudden change in circumstances

☐ Risk of vulnerability

☐ Other

☐ Unable to determine



What is concerning you most about your current situation?

Ross needs ongoing assistance following TACS. Was discharged into the care of his daughter who is no longer providing care for him  
Wishes to remain in his own home with support  
Requires intensive case management due to poor decision making ability and 'va

How have you been managing with this up until now?

With TACS support

Further comments on Reason for Contact

# SOCIAL DOMAIN

## Current Support

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

### Current support plan - details

Currently on TACS who are assisting with shopping, domestic tasks, transport arrangements, PT, OT, and monitoring and case management

### 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
---------	--------------	------------------	----------------------	------------------

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 checked="" type="checkbox"/>	<input type="checkbox"/>	Supervision recommended by TACS staff for safety due to high falls risk but Ross has often showered himself when staff arrive
Movement activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Health care tasks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Requires medications in Webster Pack Not always compliant with regime, drops tablets on floor Requires monitoring
Moving around places at or away from home	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Has mobility scooter for community access Otherwise requires w/c transport Able to also t/f self in/out car
Home maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Domestic Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Significant assistance required to maintain clean house. Difficulty picking items up from floor/getting clothing out of washing machine, maintaining washing up
Meals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Able to prepare some meals. Utilises Meals on Wheels 5/7

Transport	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<div>Wheelchair transport</div> <div>Or utilises mobility scooter to local shopping centre</div>
Activities involving social and Community participation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<div>Able to purchase small items from shops weather permitting on mobility scooter. Help with larger items/shops</div>
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 Community transport and MOW
<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 checked="" type="checkbox"/> Transition care	Currently on wk 8 of program
<input type="checkbox"/> Veterans home care	
<input type="checkbox"/> Other	Other - Please specify

☒ 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?

None

Residential or Community based respite- Details

## Carer

Current Carers:

Aged Care Identifier (Carer)

AC83857326

Name (Carer)

Nicole Kennedy

Lives with client ☐

Carer DOB

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?

Nicole has relocated from Newcastle to be carer for Ross. She has checked herself out of drug and alcohol rehabilitation to take on fathers care and seems very overwhelmed with process. She has recently been informed that ex partner has removed large sum of money from Ross's account and was very stressed at ax re: this. She will support Ross with meals, shopping, housework and transport. Nicole has limited support in Grafton

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

Yes

Specify

Separated from partner and previous carer. Dtr has taken on carer role

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

Due to Nicoles mental health hx services will be required to promote sustainability of situation  
Requesting information on carer support groups

## EMERGENCY CARE PLAN

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

Yes

#### Emergency care plan - details

Two sons in Coffs Harbour area have offered to be available for respite if required  
High level residential respite approval recommended

#### Comments/ further information

### Carer Overview - Carer Perspective

What type of care do you provide? How often?

A/A

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

Yes

Support in caring role - details

Two brothers in Coffs Harbour can offer limited support

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

No

Other responsibilities - details

Nicole will be Ross's full time carer  
Plans to apply for carer allowance

#### OTHER CARING RESPONSIBILITIES

Do you have any other caring responsibilities

No

Other caring responsibilities - details

Do you receive a carer payment or allowance?

No



Do you 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
- ☐ 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?

No

#### Carer sustainability - details

Requires support from TACS and ongoing support from level 4 HCP

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

Nicole has asked for assistance with Ross's showering, some shopping and domestic assistance and MOW several times weekly. Also requesting social support fro Ross and access to in home and residential respite

#### EMERGENCY CARE PLAN

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

Yes

#### Emergency care plan - details

A/A

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

Was living with partner Sharon in wheelchair modified home in Yamba. Has own home in Grafton which has had some modifications attended but is not completely accessible. Dtr Nicole relocated to care for Ross however is now unable to be his carer. Two sons in Coffs Harbour area and good friend network there as he resided in Urunga for approx 20 years. Long term accommodate plans change regularly with Ross

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

Previously very active gent who enjoyed surfing, riding bikes and motor bikes  
Aware he needs to develop new leisure pursuits appropriate to current function

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

A/A

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

Yes

Changes in family, cultural or social situation- Details

Daughter Nicole was to be Ross's full time carer but has since pulled out

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

Parkinsons Plus diagnosed in 2012.  
Contracture to right leg- for surgical review  
MVA July 2016 resulting in fractures to pelvis, R) occipital condyle, C6 articular facet, R) acetabular, L) bi- malleolar, T3/T4 superior end plate. Lengthy hospitalisation and rehabilitation in various hospitals.

#### Health Conditions

Health Condition

0604 - Parkinson's disease (includes Parkinson's disease, secondary Parkinsomism)

Primary

☐

Diagnosis status

Other health practitioner diagnosis

Additional details

Parkinson's plus diagnosed in 2012- recently became wheelchair dependent- has electric wheelchair which he purchased himself

#### Health Conditions

Health Condition

0921 - Hypertension (high blood pressure)

Primary

☐

Diagnosis status

Other health practitioner diagnosis

Additional details

#### Health Conditions

Health Condition

0920 - Other diseases of the circulatory system

Primary

☐

Diagnosis status

Other health practitioner diagnosis

Additional details

Sustained groin deep vein thrombosis following MVA

---

## Health Conditions

Health Condition	0552 - Depression/Mood affective disorders
Primary	<input type="checkbox"/>
Diagnosis status	Other health practitioner diagnosis
Additional details	Takes antidepressant

---

Receiving help to manage these conditions

Yes

Specify

Ross very informed re: medical conditions and medications. Likes to be involved in managing his health care but not always consistent and reliable, lacks insight

Impacts on day to day activities?

Yes

Specify

Wheelchair dependent and limited right upper limb function due to hand contracture  
Has mobility scooter to access community

## General observations

Younger looking man who is wheelchair bound  
Easily fatigued

What are your main health and wellbeing challenges?

Parkinsons Plus  
Depression  
MVA July 2016- multiple fractures

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



#### Clinical services the client receives

Dr Aggarwal- Neurologist  
Robert Lodge- Bangalow Holistic GP for neurological issues  
Seeing Psychologist under care plan  
Hydrotherapy  
Physiotherapy (TACS)  
Occupational Therapy (TACS)  
Accupuncture  
Dental

#### Relevant Medical History

Hypertension  
TIA  
Reflux  
Depression  
MVA- multiple fractures and DVT

#### Medications

Are you taking any prescribed medication?

Yes

How many types?

10

#### Allergies

Do you have any allergies and/or sensitivities?

Yes

#### Details of allergies and/or sensitivities

Clopidogrel  
Metoclopramide  
Pethidine

#### 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

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

Yes

#### Hospital Stay - details

Admitted early March with bilateral neck spasm, difficulty breathing, feeling 'weird'

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

No

What aids were recommended?

Already in place

Were the aids/equipment implemented?

#### Aids and equipment details

#### Comments/ further information

### Oral Hygiene

Do you have any oral health concerns?

Yes

#### Oral health concern details

Limited teeth- some have rotted and fallen out. Currently receiving dental treatment to have remaining teeth extracted and plate fitted

Requires softer foods

Has previous difficulty swallowing but reports this has resolved- reviewed in hospital recently by Speech therapist- mild oral and pharyngeal phase dysphagia

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

Yes

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

Yes

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

No

Do you have any problems swallowing?

Yes

### Appetite

How is your appetite?

Good appetite

Have you noticed any loss of taste?

Yes

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

No

Decreased appetite - details

Weight loss of approx 12kg prior to admission to TACS. Weighed 68.3 kg prior to admission

## 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

Scalp lesion he has had for some time. ? Early SCC  
Removal of skin cancers

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

Previous episode of urinary incontinence which Ross reports has resolved now  
Constipation relating to medications

Would you like to discuss continence issues with a continence advisory service? No

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

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

Yes

What caused the falls?

High falls risk due to transfers in/out wheelchair  
Has fallen twice from w/c while on TACS when using outdoors on difficult terrain

Are you afraid of falling?

Does the Client have difficulty with:

Balance ☒

Posture ☐

Endurance ☒

Gait ☒

Tremor ☐

Other ☐

Specify

Independent with power wheelchair use  
Very frustrated that he is no longer able to walk- this has impacted on his mood/depression  
Transfers independently with some difficulty. High falls risk when standing

## Pain

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

Moderate

How does the pain impact on your daily activities?

Pain in groin and R) leg relating to hx DVT

What strategies do you use to help manage the pain?

Medication

## Vision, Hearing and Speech

Vision

Yes

Vision concerns addressed

Yes

Vision concerns details

Vision becoming worse. Has cataracts, detached retina and terigian. Has dry eye and requires drops

Hearing

Hearing concerns addressed

Hearing concerns details

Speech

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?

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

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)?

Sleeping difficulties details

## Alcohol

Do you drink alcohol?

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?

When did you quit smoking?	<div></div>
Not stated/unknown (when the client quit smoking)	<input type="checkbox"/>
How many cigarettes do you smoke per day?	<div></div>
Not stated/unknown (how many cigarettes per day)	<input type="checkbox"/>
Do you wish to quit smoking?	<div></div>



## Physical Activity

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

2

What activity do you enjoy the most?

Some participation in physiotherapy gym at hospital. Very keen to participate

Would you like to do more physical activity?

Yes

More physical activity - details

As able

What is stopping you from doing it?

Are you concerned about your level of physical activity?

Yes

Concerns about physical activity - details

Previously a very active man who enjoyed surfing and bike riding

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

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

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

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 prepare their own meals?

With some help (can prepare some things but unable to cook full meals themselves)

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

MOW 5/7

Can the client do housework?

With some help (can do light housework but may need help with heavy work)

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

Attempts to do some housework but this is limited

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?

Yes-Non-Episodic

Comments

Webster pack and monitoring

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?

Completely unable to walk

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

Independent with power wheelchair

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

Minimal assistance and supervision required with showering and dressing

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

Mostly independent

Eating

Independent (food provided within reach)

Who/what assists?

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

Will assistance be required to fulfil need?

☐ Other

Comments

## Transfers

Minor help (verbal or physical)

Who/what assists?

Will assistance be required to fulfil need?

☐ No one

☐ Carer

☒ Service Provider

☐ Aids and equipment

☐ Home modifications

☐ Other

Yes-Non-Episodic

Comments

Mostly independent with transfers  
Some assistance with car transfers

## Toilet Use

Independent (on and off, dressing, wiping)

Who/what assists?

Will assistance be required to fulfil need?

☐ No one

☐ Carer

☐ Service Provider

☐ Aids and equipment

☐ Home modifications

☐ Other

Comments

Comments/ Further information

Mr Kennedy likes to remain as independent as possible

# PSYCHOLOGICAL DOMAIN

## Cognitive

Have you experienced any changes in your memory and thinking?

Yes

### Changes in memory and thinking - details

Mr Kennedy reports his processing speed is slower and he becomes very easily tired. He finds it difficult to concentrate when more than one person is speaking

Over what timeframe have you experienced these changes?

Past 6-8 months

How is the memory loss impacting on your everyday activities?

Requires support with decision making- lacks insight

Is the client aware of time and place?

Yes

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

Yes

### Changes in client's personality- details

Calmer and cries alot

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

Yes

Specify

Emotionally labile

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?

Yes

Evidence of confusion/memory problems

MOCA completed in rehab in October 2016 with a score of 22/26. Overall performed well with nil significant cognitive concerns evident  
Some difficulty with memory recall (2/5)

Behavioral Concerns

No

Evidence of behavioral problems

Some resistance and has his own ideas about how things should be done which aren't always realistic

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?

Yes

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

Mr Kennedy has hx of depression, exacerbated presently due to recent change in mobility. He was hoping to be able to continue walking with walking aid rather than wheelchair  
Significant emotional and psychological support required at this time

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

No

Who assists?

No POA/EG in place

Relationship to client

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

No

Who assists?

Relationship to client

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

Yes (minor impairment/requires occasional supervision or assistance through to severe impairment)

Comments/ Further information?

Mr Kennedy reports he does not feel confident to make significant decisions now and would like support with this. No family are willing or able to provide assistance

Psychosocial

Nervous

All of the time

Depressed

All of the time

Lonely

Some of the time

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

Yes

Stressful events - details

Significant stress relating to current social situation and medical decline

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

No

Mental state - details

Is the client socially isolated?

Yes

Social isolation- details

Has some friends who visit which brightens his mood

Comments/ Further information

## Psychological

Short term memory problems

Occasionally

Long term memory problems

Never

Impaired judgment

Occasionally

At risk behaviour	Occasionally
Aggressive behaviour - Verbal	Never
Aggressive behaviour - Physical	Never
Resistive behaviour	Never
Agitation	Unable to determine
Hallucinations/Delusions	Occasionally
Wandering	Never
Disturbed sleep/Insomnia	Always
Anxiety	Always
Depression	Always
Apathy	Unable to determine
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)?

Modifications have been made to current owner occupied accommodation in South Grafton however home on sloping block and not completely appropriate. Client talks about building wheelchair accessible home on several acres in the future. Plans change regularly

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

Yes

Self neglect - details

TACS staff visited and client not home with front door left wide open  
Not always compliant with meds

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

Yes

Risks, hazards, concerns- details

A/A

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

Yes

Modifications/equipment- Details

Client has sliding t/f bench, cobra bed stick, mobility scooter and power wheelchair

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

Yes

Barriers - Details

A/A

Do you have a personal alarm to use in emergencies?

Yes

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

Yes

Is there a working smoke alarm in your house?

Not sure/unable to determine

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?

Yes

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

Plans to remain in own home in Grafton short term with view to possible relocation

Do you have any concerns about your financial situation?

No

Concerns with financial situations - details

Has enough for day to day expences  
Savings recently diminished

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?

Not sure/unable to determine

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                                       | <input type="checkbox"/>            |
| Veteran                                                                    | <input type="checkbox"/>            |
| Change in family/carer support arrangements                                | <input checked="" type="checkbox"/> |
| Refugees, asylum seekers or recent migrants without support                | <input type="checkbox"/>            |
| Lesbian, gay, bisexual, transgender, intersex or other diverse individuals | <input type="checkbox"/>            |
| Culturally and linguistically or ethnically diverse individual             | <input type="checkbox"/>            |
| Socially isolated individual                                               | <input checked="" type="checkbox"/> |

## 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
Medicine management	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

Recent change to care arrangements. No longer has full time carer and requires significant service to support needs in community following TACS

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 limited ability to manage his affairs and no informal support. TACS currently providing significant case management

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

Consideration

Health conditions  
Risks/hazards/concerns in the home  
Significant Psychosocial concerns  
Pain  
Allergies/sensitivities  
Concerns around physical activity  
Sleep difficulties  
Recent discharge from hospital  
Vision/hearing/speech  
Equipment/modification required to maintain  
independence  
Change to personality/behaviour  
Skin condition(s)  
Difficulties with caring arrangements  
Oral health concerns  
Falls



## Event Summary for Comprehensive Assessment -

### Event completion

Event Completion ☒

Event completion date

27/03/2017

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

Event Summary

Reassessment for re-prioritisation completed by Julie Ashbrooke OT NNSW ACAT

Comments/  
Further Information

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

#### Medical Practitioners

Generalist medical practitioner	<input checked="" type="checkbox"/>
Geriatrician	<input type="checkbox"/>
Psychogeriatrician	<input type="checkbox"/>
Psychiatrist	<input type="checkbox"/>
Rehabilitation specialist	<input type="checkbox"/>
Other medical practitioners	<input type="checkbox"/>

#### Nursing professionals

Nurse manager	<input type="checkbox"/>
Nurse educator and researcher	<input type="checkbox"/>
Registered nurse	<input checked="" type="checkbox"/>
Registered mental health nurse	<input type="checkbox"/>
Registered development disability nurse	<input type="checkbox"/>
Other nursing professional	<input type="checkbox"/>

## Health professionals

Occupational therapist	<input checked="" type="checkbox"/>
Physiotherapist	<input checked="" 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 checked="" 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

## 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

Older Americans Resources and Services (OARS) - Activities of Daily Living (ADL)

These are the Instrumental Activities of Daily Living Items (IADL) drawn from the Older American Resources and Services (OARS) Multidimensional Functional Assessment Questionnaire (Duke University, 1975, Revised 1988)

Instrumental ADL

Can you use the telephone?	Without help, including looking up numbers and dialling
Can you get to places out of walking distance?	With some help (need someone to help you or go with you when travelling)
Can you go shopping for groceries or clothes?	With some help (need someone to go with you on all shopping trips)
Can you prepare your own meals?	With some help (can prepare some things but unable to cook full meals yourself)
Can you do your housework?	Completely unable to do any housework
Can you take your own medicine?	With some help (able to take medicine if someone prepares it for you and/or reminds you to take it)
Can you handle your own money?	Without help (write cheques, pay bills, etc.)

Physical ADL

Can you eat?	Without help (able to feed yourself completely)
Can you dress and undress yourself?	With some help
Can you take care of your own appearance? E.g. combing your hair and (for men) shaving...	Without help
Can you walk?	Completely unable to walk
Can you get in and out of bed?	With some help (either from a person or with the aid of some device)
Can you take a bath or shower?	With some help (need help getting in and out of the tub, or need special attachments on the tub)
Do you ever have trouble getting to the bathroom on time?	No
How often do you wet or soil yourself (either day or night)?	
OARS total score	17

Outcome

--