



ASSESSMENT FOR SPECIAL POPULATION

For Frail elderly patients (Age more than 65 years)

Mental Status	Within Normal Limit	Dementia	Delirium	Other
History of Hearing Impairment	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
History of Vision Impairment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Using Spectacles
Bowel	<input type="checkbox"/> Constipation	<input checked="" type="checkbox"/> Continent	<input type="checkbox"/> Incontinent	
Bladder	<input type="checkbox"/> Catheter	<input checked="" type="checkbox"/> Continent	<input type="checkbox"/> Incontinent	
Special support/Lives	<input checked="" type="checkbox"/> Alone	<input type="checkbox"/> Spouse	<input type="checkbox"/> Other	
Ability to perform activities of daily life		<input type="checkbox"/> Dependent	<input checked="" type="checkbox"/> Independent	

For patients with Intense Pain (pain score > 8) or Chronic Pain (pain duration of more than 6 weeks)

Pain Score 'Now': _____ Pain Score at "It's worst" over the last 24 hours: _____

Location of Pain: _____ Radiating towards: _____

Characteristics of Pain:

Sharp Dull Shooting Throbbing Stabbing Burning Spasmodic

Aggravating factors: _____ Relieving factors: _____

Pain interferes with:

General activity/Works Walking Mood Sleep Enjoyment of Life

Pharmacological/Non Pharmacological interventions taken: _____

For Immunocompromised patients (Suspected by History & Physical assessment or informed by patient/consultant)

History of recurrent infection/unexplained fever: _____

History of chronic wound discharge or non-healing ulcers: _____