

Assessment Date				
PERSONAL DETAILS, CONSENT AND DETAILS				
Surname/Family Name	Pople		First Name	
Title			Date of Birth	
Ethnicity			Religion	
Current Address & Post Code			☎	Home
				Mobile
	Post Code			Work
Home Address & Post Code if different to above			☎	Home
				Mobile
	Post Code			Work
Does the person require a translator to complete this assessment?	YES <input type="checkbox"/> NO <input type="checkbox"/>		If YES Specify	
Does the person require details recorded on this form in a different language or format?	YES <input type="checkbox"/> NO <input type="checkbox"/>		If YES Specify	
Does the person given consent for a referral to Family Carers Ltd?	YES <input type="checkbox"/> NO <input type="checkbox"/>		If NO Specify	
Does the person given consent for the sharing of information with other Health & Social Care professionals?	YES <input type="checkbox"/> NO <input type="checkbox"/>		If NO Specify	
Is the person aware of Family Carers UK's Complaints Procedures?	YES <input type="checkbox"/> NO <input type="checkbox"/>		If NO Specify	
Is there anyone the person does not wish for information to be shared with?	Please specify			
Who should be contacted in the event of an emergency?				
Name	Address	☎	Relationship	Key Holder?
Next of Kin				
Name	Address	☎	Relationship	Key Holder?
Carers (relatives, neighbours, friends, etc.)				
Name	Address	☎	Relationship	Key Holder?
Any additional key holders (people who hold keys to the person's house - not listed above)				
Name	Address	☎	Relationship	Key Holder?
Professionals Involved; GP; DN; CPN; Pharmacy; Home Care Manager; etc.				
Name	Address	☎	Relationship	Key Holder?

PRESENTING PROBLEM

SOCIAL BACKGROUND

General/Social History: Marital Status: Dependents: Friends: Support Network: Pets: Employment History: Educational History: Concerns regarding access to Job Training/ education/ Recent moves/ Bereavement/ Period(s) in hospital/ Respite/ Race/Cultural/Spiritual needs/ Loss of key contacts/ Concerns about isolation/ Homelessness. What is the person's daily routine and who is part of that routine?)

MEDICAL HISTORY / PHYSICAL HEALTH

Diagnosis/ Medical History: (Including physical disabilities; chronic health conditions; breathing; skin care; foot care; oral care; continence; communication/ speech; hearing weight; dietary needs; appetite; last seen by GP)

Current Medication

(Please tick all that apply and explain further)

- | | | | | | |
|----------------|--------------------------|----------------------|--------------------------|----------------|--------------------------|
| Self Medicates | <input type="checkbox"/> | Dossette Box | <input type="checkbox"/> | Blister Pack | <input type="checkbox"/> |
| Carers assist | <input type="checkbox"/> | Carers Prompt | <input type="checkbox"/> | Carers Pick-up | <input type="checkbox"/> |
| DN Administers | <input type="checkbox"/> | (i.e. Insulin, etc.) | <hr/> | | |

EMOTIONAL / MENTAL HEALTH

Presentation: (Does the person present as orientated to time, place and person? Are there any cognitive changes/ changes to recent sleep patterns/ changes in eating patterns/ confusion/low mood/ tearful/ anxiety/ any new medications. Is a Mental Capacity Assessment required?)

MAKING DECISIONS AND ORGANISING MY LIFE

Describe both the person's view and assessor's view. Consider where they live, who supports them, who decides how their money is spent etc.

MANAGING MY ACTIONS

Describe both the person's view and assessor's view. Does their behaviour cause risks to themselves and others around them?

PERSONAL CARE

Describe the person's view and the assessor's view. Consider how much support/ encouragement is required with washing, toileting needs and getting in/out of bed or getting dressed.

MEALS

Describe both the person's view and the assessors view. Consider the help required with preparing meals/drinks and with eating and drinking

MANAGING MY HOME

Describe both the person's view and the assessor's view. Consider how much support is required with managing day-to-day tasks

Housework

Shopping

Laundry

BEING PART OF MY COMMUNITY

Describe both the person's view and the assessor's view. Consider how much support is required to do things in the community i.e. meeting up with friends; visiting places of worship; going out for meals/cinema.

WORK & LEARNING

Are they involved in regular activities (College; Day Centre; Community Project; etc.

KEEPING MYSELF SAFE IN & OUTSIDE OF MY HOME

Describe both the person's view and the assessor's view . Consider remembering things; taking medication; using cooker/oven; reading labels; mobility issues; using public transport; going to the shops; visiting friends etc.

MOVING AND HANDLING EQUIPMENT USED/ORDER

Transfers:

- Wheelchair
- On /Off Bed
- Lying/Sitting

Mobility

- Inside Home
- Outside home
- Going up stairs
- Going downstairs
- Falls

Bathing

- Climbing in / out
- Getting up / down
- Washing/ drying

Toileting

- Getting on /off toilet
- Managing clothes
- Continence

MONEY MANAGEMENT	
Pension Collection	
Bill Payment	
Benefits (Attendance Allowance /DLA)	
Correspondence	Advice Given : YES <input type="checkbox"/> NO <input type="checkbox"/>
Was Financial Assessment form given?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Fairer Charging Explained?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is a Benefits Check required?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is the person a self-funder?	YES <input type="checkbox"/> NO <input type="checkbox"/>

VIEWS

Person's View of their situation (person's perceived strengths and needs for intervention/ individual motivation/ understanding of the intervention to be provided etc.)

Carers/ Others view of situation (perceived strengths, needs and motivation about the person and support network/ understanding of the intervention to be provided etc.)

Other professional views: DN; CPN; GP: Care Provider

RISK ASSESSMENT

Do you consider this person to be at -

- HIGH RISK** - Requires immediate consideration of action and without delay. Possibility exists that the person might be left at risk if something is not done.
- HIGH RISK** - Requires consideration or action sooner rather than later to prevent harm. The person does not require an immediate response but swift action to prevent escalation
- LOW RISK** - Does not require any immediate consideration or action and is safe to be scheduled in for action at a later date.

List risk:

Assessed BY

Signature

Name

Designation

Date