

Home Care Application

Pre-assessment form for home care placements. Please complete prior to placement.

Home Care Application Form for Services	
Personal Details	
Patient Name:	
Patient Address:	
Phone Number:	
D.O.B	
Allergies	
Where Did You Hear About Us?	
N.O.K Details	
Name:	
Address:	
Phone Number:	
Services Required	
Hygiene/Personal Care	
Full Assistance with ADLS	Y/N
Minimal Assistance with ADLS	Y/N
Shower	Y/N
Bed Bath	Y/N
Mobilisation	
Walks with aid i.e. stick, frame	Y/N
Unable to mobilise	Y/N
Walks with min. supervision	Y/N
Walks independently	Y/N
Toileting/Elimination	
Requires min. assistance	Y/N
Requires full assistance	Y/N
IDC In situ	Y/N
Continent of urine/faeces	Y/N
Wears incontinent pads	Y/N
Fully independent	Y/N
Medications	
Self Medicates	Y/N
Needs Supervision	Y/N
Webster pack medications with local GP prescription	Y/N
S8 medications please specify – if yes, need to issue record book	Y/N
Cognitive Status	
Alert	Y/N
Confused & wanders	Y/N
Short term memory loss	Y/N
Total memory loss	Y/N
Nutrition	
Requires assistance, set up only	Y/N
Requires full assistance	Y/N
No assistance required	Y/N
Difficulty in swallowing	Y/N
Partial/Full dentures	Y/N

Doc ID	Title	Owner	Date Approved	Print Date
HEMOCARE001	Home Care Application	Tanya Eckermann	26/04/2007	Last printed 26/04/2008 6:07:00 PM

Home Care Application

Pre-assessment form for home care placements. Please complete prior to placement.

Communication	
Vision good/moderate/impaired	Please circle
Hearing good/moderate/impaired	Please circle
Speech normal	Y/N
Difficulty with speech	Y/N
Wound Management	
Surgical Wound/Minor	Y/N
Secondary Closure	Y/N
Ulcer – vascular/arterial/Doppler's attended	Please circle
Pressure sores	Y/N
General skin integrity/intact	Y/N
Equipment available	
Bed rails	Y/N
Bath board	Y/N
Shower chair/Commode chair	Y/N
Over toilet aid	Y/N
Shower chair/commode	Y/N
Lifter	Y/N
FASF – mobilisation	Y/N
PUF – mobilisation	Y/N
Rollator PUF – mobilisation	Y/N
Other, please specify	
Pets	
please specify	
Staff Requirement Guide	
Registered Nurse	
S8 Medications	Y/N
Complicated Wound	Y/N
Enrolled Nurse	
Moderate Wound	Y/N
Webster pack medications prescribed by GP/minimal assistance	Y/N
Nurse Assistant	
Self medicating & minimal assistance	Y/N
Webster pack medications & minimal assistance	Y/N
Lifting equipment/mobilisation aids available & pt Compliant	Y/N
Simple Nursing Care only i.e simple hygiene or companionship	Y/N

Consultant Name:	Date:

Doc ID	Title	Owner	Date Approved	Print Date
HEMOCARE001	Home Care Application	Tanya Eckermann	26/04/2007	Last printed 26/04/2008 6:07:00 PM