

Care Home Assessment Form

**Email to GP practice and care home service mailbox:** **cmicb-wi.hwwpcncarehomesupport@nhs.net**

Name of Care Home

Patients Name

Date of Birth

First Language

|  |  |
| --- | --- |
| Does this patient have any information or communication support needs relating to a disability, impairment, or sensory loss? |  |
| If yes, please give details as to how we can help to support this patients’ needs appropriately |  |

Next of kin name and phone number

|  |
| --- |
| **Registered lasting power of attorney or court appointed deputy?** **(Attorney or deputy name, contact details and copy forms are essential)** |
| Property and Financial affairs  |  |
| Health and Welfare |  |
| Court appointed deputy |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of care:** | Residential | Nursing | EMI |
| **DNAR in place:** | YES | NO | Review date: |
| **EHCP in place:** | YES | NO | Discussed with patient/family? |
| **PPC** | YES | NO | WHERE: |
| **PPD** | YES | NO | WHERE: |

**Please delete as appropriate;**

|  |  |  |  |
| --- | --- | --- | --- |
| **FEEDING** | Independent | Independent with some assistance | Dependent |
| **DIET** | Thickened fluids | Soft diet | PEG | Notes: |
| **BATHING** | Independent | Independent with some assistance | Dependent |
| **GROOMING** | Independent | Independent with some assistance | Dependent |
| **DRESSING** | Independent | Independent with some assistance | Dependent |
| **TOILET USE** | Independent | Independent with some assistance | Dependent |
| **BOWELS** | Continent | Occasional Accident | Incontinent |
| **BLADDER** | Continent | Occasional Accident | Incontinent |
| **TRANSFERS** | Independent | Unable | Hoist | Stand Aid |
| **MOBILITY**  | Independent | Walking aid | Wheelchair | Immobile |
| **STAIRS** | Independent | Needs Help | Unable |
| **VISION** | Normal | Visual impairment | Registered partially blind | Registered blind |
| **HEARING** | Normal | Difficulty | Deaf | Wears hearing aid L/R/Bilateral |
| **ORAL HYGEINE** | Good | Poor | Very Poor | Has a dentist |
| **FALLS** | Low falls risk | High falls risk | Low risk – Immobile |
| **SKIN CONDITION** | Good | Dry | At risk of ulcers | Has ulcers |
| **MOOD** | Normal | Low Mood | Depressed |
| **ANXIETY** | Normal Mood | Low Mood |
| **BEHAVIOUR** | Normal | Problem | Challenging |
| **CONFUSION** | Mentally Alert | Fluctuating capacity | Lack capacity to make decisions regarding health |
| **SLEEP** | Good | Poor | Variable |
| **SWALLOWING PROBLEMS** | Yes | No |
| **CHEWING PROBLEMS** | Yes | No |

**Please delete as appropriate;**

Is the patient currently under or awaiting referral to any of the following?

|  |  |  |
| --- | --- | --- |
| Dietician | Yes | No |
| District Nurse  | Yes | No |
| SALT team  | Yes | No |
| Falls team | Yes | No |
| Mental health team | Yes | No |
| Tissue Viability Nurse | Yes | No |
| Bladder & Bowel service | Yes | No |
| Specialist nurse (e.g. heart failure) | Yes | No |

**Patient observations;**

Rockwood <https://www.bgs.org.uk/sites/default/files/content/attachment/2018-07-05/rockwood_cfs.pdf>

Barthel - [Microsoft Word - Barthel ADL Index.doc (bgs.org.uk)](https://www.bgs.org.uk/sites/default/files/content/attachment/2018-07-05/barthel.pdf)

|  |  |
| --- | --- |
| Rockwood Frailty Score |  |
| BMI |  |
| GSF level |  |
| Height |  |
| Weight |  |
| Must score |  |
| Barthel score |  |
| Temperature |  |
| BP  |  |
| Pulse |  |
| Respiratory rate |  |
| Oxygen saturations |  |
| Mid upper arm circumference |  |
| Leg circumference | Below knee:Mid-Calf:Ankle: |

Additional information:

|  |  |  |
| --- | --- | --- |
| Do you smoke | Yes | No |
| If yes:How many cigarettes/cigars/ounces of tobacco per day  |  |
| If no:Have you ever smoked  | Yes | No |
| If yes:How long ago did you stop smoking and how much did you smoke? |  |
| How many units of alcohol do you drink per week?Small glass of red/white/rosé wine (125ml, ABV 12%) 1.5 unitsCan of beer/larger/cider (440ml can, ABV 5.5%) 2.4 units |  |

Ethnicity:

|  |  |  |  |
| --- | --- | --- | --- |
| White British  | Indian  | Black Caribbean  | Any Mixed Background  |
| Other White British  | Pakistani  | Black African  | Other Ethnic Group  |
| White Irish  | Chinese  | Black British  |  |
| White European  | Other Asian  | Other Black  |  Patient Declined  |

Goals for the next 12 months:

Any other information: