

Personal care summary

Date of report:

Discharge date:

Preferred language:

Interpreter required:

Name:

Address:

DOB:

Current health issues:

Alerts: Behaviour Details/comments:
 Cultural issues
 Infection control

Cognitive status:

- Orientated
- Able to follow instructions
- Impaired

Details/comments:

Sensory status:

- Vision impaired
- Hearing impaired
- Sensation impaired

Details/comments:

Confinece:

- Continent
- Incontinent of bladder
- Incontinent of bowel

Details/comments:

Skin integrity

- Pressure injury/risk
- Wound care

Details/comments:

Physical status:

Details/comments:

- Impaired transfers
- Impaired mobility
- Impaired steps
- Impaired activity tolerance
- Falls risk
- Mobility aid/s

Precautions:

Details/comments:

- Weight bearing
- Total hip replacement
- Shoulder surgery
- Back surgery

Personal care assistance required

Shower:

- Supervise in sitting / standing
- Set up assistance in sitting / standing
- Assistance with upper body
- Assistance with lower body
- Sponge wash in sitting
- Bed based care – 2 x assist

Dressing:

- Supervise in sitting / standing
- Set up assistance in sitting / standing
- Assistance with upper body
- Assistance with lower body
- Bed based care – 2 x assist

Details/comments:

Home set-up

- Shower recess – low hob / high hob / stepless
- Shower over bath
- Grab rails
- Hand held shower hose
- Pressure area equipment

Equipment in situ:

Details/comments:

Date of OT home assessment:

Clinician name:

Tel:

Signature:

Email: