

# Functional Assessment Summary

This supplementary template is sent with referrals that occur following assessment of the client's functional abilities and need for assistance. The assessing agency may attach additional assessment summaries covering other domains of client need that are relevant to the referral.

## Consumer

Name:

Date of Birth: dd/mm/yyyy / /

Sex:

UR Number:

or affix label here

## Rating of Functional Abilities

### Notes on ratings:

Tick one response for each activity (example: housework, transport, shopping etc.)

Rate what the person is currently capable of doing rather than what they actually do. In addressing capability for any item, take into account not only physical function but also cognition (such as problems caused by dementia or an intellectual disability) and behaviour (such as unpredictable challenging behaviour). People able to complete a task only with verbal prompting should *not* be rated as independent.

If unable to rate an activity, leave it blank.

**Assessment notes:** Use the notes section to describe client's specific need for assistance as well as other factors impacting on level and type of need e.g. use of aids and equipment/home modifications; assistance provided by carers/other agencies.

Activity	Rating (✓ one)	Domestic Care
1. Housework	<input type="checkbox"/>	Can maintain house without help or supervision (including laundry)
	<input type="checkbox"/>	Needs some help or supervision
	<input type="checkbox"/>	Completely unable to do housework
2. Transport	<input type="checkbox"/>	Without help (drives own car, travels independently on public transport or taxis)
	<input type="checkbox"/>	With some help (need someone to help or accompany when traveling)
	<input type="checkbox"/>	Completely unable to travel (unless arrangements are made for a specialized vehicle like an ambulance)
3. Shopping (assuming client has transport)	<input type="checkbox"/>	Can take care of all shopping needs
	<input type="checkbox"/>	With some help (need someone to go with client on all shopping trips)
	<input type="checkbox"/>	Completely unable to do any shopping
4. Meal Preparation	<input type="checkbox"/>	Without help (incl planning/preparing/cooking, adequacy of meals and serving)
	<input type="checkbox"/>	With some help
	<input type="checkbox"/>	Completely unable to do any meal preparation, serving or manage nutrition
5. Taking Medications	<input type="checkbox"/>	Without help (in the right doses at the right time)
	<input type="checkbox"/>	With some help (e.g. if someone prepares or reminds client)
	<input type="checkbox"/>	Completely unable to take own medicines without help
6. Handling Money	<input type="checkbox"/>	Without help (writing cheques, paying bills, banking, keeping track of finances)
	<input type="checkbox"/>	With some help (manage day-to-day buying but need help with chequebook and paying bills)
	<input type="checkbox"/>	Completely unable to handle money
7. Telephone	<input type="checkbox"/>	Without help (making and receiving phone calls & incl use of assistive devices)
	<input type="checkbox"/>	With some help
	<input type="checkbox"/>	Completely unable to use the telephone
8. Mobility/Walking	<input type="checkbox"/>	Without help, except for the use of a cane
	<input type="checkbox"/>	With some help from a person (physical or verbal), or with the use of a walker or crutches. If in a wheelchair, tick this rating if the person manages independently including cornering.
	<input type="checkbox"/>	Completely unable to walk. If in a wheelchair, tick this rating if the person is not independent but must be pushed.
9. Mobility: bed/chair transfers	<input type="checkbox"/>	No help needed
	<input type="checkbox"/>	Needs some help
	<input type="checkbox"/>	Unable to manage – no sitting balance

**Assessment notes – Domestic Care:**

Functional Assessment Summary

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<p><b>Consumer</b></p> <p>Name: _____</p> <p>Date of Birth: dd/mm/yyyy / /</p> <p>Sex: _____</p> <p>UR Number: _____</p> <p style="text-align: right;">or affix label here</p>
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Activity	Rating (✓ one)	Personal Care
10. Self-care screening question		Does the client need assistance with any areas of personal care/self care, such as bathing, dressing, eating toileting, managing incontinence?
		No (→ skip the personal care items and go to Q16)
		Yes (→ proceed to the following personal care items)
11. Bathing		Without help (include in and out of shower or bath and washing unsupervised)
		With some help (e.g. need help getting in or out of the bath)
		Completely unable to bathe without help
12. Dressing		Without help (incl buttons, zips, laces)
		With some help (e.g. help with buttons etc. but can put on some garments alone)
		Completely unable to dress
13. Eating		Without help
		With some help (e.g. help cutting up food, spreading butter, pouring drink)
		Completely unable to eat without help (e.g. spoon feeding)
14. Toilet use		Without help (includes on and off, dressing and cleans self)
		With some help
		Completely unable to manage toileting without help
15. Continence (bowels and/or bladder)		Completely continent including self management of catheter or ostomy. Rate based on last week.
		Occasional incontinence (less than once per day)
		Incontinent (no control or daily episodes of incontinence)
<b>Assessment notes – Personal Care/Self Care:</b>		
Activity	Rating (✓ one)	Communication, Cognition & Behaviour
16. Communication (Need for assistance with understanding or making oneself understood by others)		No assistance required including independent use of aids and equipment such as hearing aids or speech aids. Do not indicate use of interpreters here.
		Some assistance required (e.g. if person sometimes or often misses the speaker's intent, or needs prompting to find words or finish sentences.)
		Assistance always required
<b>Assessment notes – Communication:</b>		
17. Memory problems or confusion		No
		Yes
18. Behavioural problems		No
		Yes (e.g. aggression, wandering or agitation)
<b>Assessment notes – Cognition and Behaviour:</b>		

Functional Assessment Summary

## Assessment details

Date of assessment: dd/mm/yyyy / / Assessor Name: \_\_\_\_\_

Other comments, e.g. assessment tools used, location of assessment, other assessment summaries attached: \_\_\_\_\_

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