

Profile: Functional

To assist workers/practitioners to screen for consumer's need for assistance with activities of daily living.

<p>Consumer</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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Questions to ask the consumer (or the person who represents the consumer).

Area	Screening Questions	Comments (include specific activities where assistance is needed; current formal or informal assistance provided; use of or need for aids and equipment; need for referral for functional assessment)
Domestic	<p>Do you have any difficulty or need assistance at home with domestic activities? e.g.</p> <ul style="list-style-type: none"> ▪ Doing your housework and laundry? ▪ Preparing meals for yourself? ▪ Shopping for food and household items? ▪ Other – please specify 	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Personal	<p>Do you have any difficulty or need assistance with:</p> <ul style="list-style-type: none"> ▪ Dressing or grooming? ▪ Having a bath or shower? ▪ Other – please specify 	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Mobility	<p>Do you have difficulty or need assistance with mobility, for example walking or moving around the house?</p> <p>Prompt for use of aids, wheel chairs.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Transport	<p>Do you have difficulty or need assistance with transport for example using cars or public transport?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Other	<p>Do you have difficulty or need assistance with other activities such as:</p> <ul style="list-style-type: none"> ▪ Managing money? ▪ Organising and taking your medications? ▪ Other – please specify. 	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
NOTE: THE FOLLOWING QUESTIONS ARE NOT INTENDED TO BE ASKED DIRECTLY OF THE CLIENT		
Cognition	<p>Does the person have any memory problems or get confused?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No Details (include source of information):
Challenging behaviours	<p>Does the person have behavioural problems for example aggression, wandering or agitation?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No Details (include source of information):

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Referral Recommended To:
