

# Service Coordination: Tool Templates

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Guideline 3: Completing the Profiles

May 2002

## Acknowledgments

The Service Coordination Tool Templates and guidelines have been developed as part of the Primary Care Partnership Strategy. Primary Care Partnerships (PCPs) are currently developing an integrated approach to service coordination through the implementation of shared practice, processes, protocols and systems across member agencies.

Local service coordination practice will be supported through agency implementation of the Service Coordination Tool Templates which are designed to support Initial Contact, Initial Needs Identification and Care Planning and sharing of health and care information (such as referral) between service providers.

It is important that appropriate practice implemented by PCPs in combination with the Service Coordination Tool Templates Guidelines determine how the Service Coordination Tool Templates are used.

The Department of Human Services contracted the Australian Institute for Primary Care at La Trobe University and HDG Consulting to develop Initial Needs Identification and Care Planning tools for agencies and practitioners involved in PCPs.

Other members of the consortium were the Centre for Health Services Development at the University of Wollongong and the Health Issues Centre.

The first four of these forms and guidelines were prepared by the Centre for Health Service Development, University of Wollongong, May 2002. The Consumer Consent Form, Guidelines and Consumer Information Brochure were prepared by the Department of Human Services.

We would also like to acknowledge the efforts of service providers and workers who have participated in the Tool Template pilots and provided invaluable feedback to support and validate the development of the Service Coordination Tool Templates and these guidelines.

Department of Human Services, May 2002

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# 3.1 Overview

## 3.1.1 About the Profiles

This is the third of five guidelines in the Service Coordination Tool Template suite. This guideline is designed for those completing the Profiles in the process of Initial Needs Identification (INI).

There are five Profiles in the INI. The Profiles are optional and intended to supplement professional judgement in identifying initial needs, **except** in the case of HACC services where professionals should use the Living Arrangements and Functional Profiles to supplement INI. The Living Arrangements Profile contains information already included in the Home and Community Care Minimum Data Set (HACC MDS). HACC will be considering developing functional dependency measures to be incorporated in the HACC MDS Version 2, therefore the completion of the Functional Profile for HACC services is also recommended.

## 3.1.2 Overview of the Service Coordination Tool Templates

This document is part of a set of five guidelines for completing the Service Coordination Tool Templates. This set includes a complementary Consumer Consent Form and guidelines (Guideline 5). This is obviously part of a larger process that staff undertake in IC and INI, and it may prompt referral and/or further assessment, and lead on to provide information useful to complete a Service Coordination Plan using the form (form 4) described in Guideline 4.

Issues relating to assessment (service specific, specialist and comprehensive) are not included. Table 1 describes the scope of the activities covered by these tools and summarises the distinction between the IC, INI and various types of Assessment and Care Planning. These distinctions essentially relate to the depth and breadth of the information sought from the consumer.

**Table 1: Service Coordination Elements**

Activity	Depth	Scope	Used for Referral Purposes?	Current Status
<b>INITIAL CONTACT (IC):</b>				
Consumer Information	Shallow	Narrow	Yes	Required
<b>INI:</b>				
Consumer Information	Shallow	Narrow	Yes	Required
Summary and Referral Information	Shallow	Narrow	Yes	Required for all referrals and should be used for INI summary functions
Supplementary Profiles	Shallow	Broad	Yes, where relevant	Optional, to be used at discretion of the professional, except in the case of HACC referrals where the living arrangements and functional profiles should be used (both to make and receive a referral)
<b>Assessment:</b>				
Service specific*	Deep	Narrow	No	Out of scope
Specialist*	Deep	Narrow	No	Out of scope
Comprehensive*	Deep	Broad	Yes, where relevant	Out of scope
<b>Care Planning:</b>				
Service Coordination Plan	Deep	Broad	Yes, where relevant	Should be used with consumers with both multiple agency involvement and complex needs

\* Indicates activity is not covered by the current suite of Service Coordination Project tools.

There are five guidelines in this series:

Guideline 1: Completing Consumer Information

Guideline 2: Completing the Summary and Referral Information

Guideline 3: Completing the Profiles

Guideline 4: Developing a Service Coordination Plan

Guideline 5: Completing Consumer Consent

This introduction and summary of key points is included in each section to make them mostly self-contained.

## Overview of the Service Coordination Tool Templates

The Consumer Information form contains a core set of items designed to collect demographic and social details about individual consumers. The **Summary and Referral Information** form records a summary of the consumer's problems/issues and outlines an initial action plan. It can be used for referral. There is also a one-page **Consumer Consent** form that provides a uniform approach to obtaining consumer consent for sharing information in compliance with the *Health Records Act 2001*.

The five **supplementary profiles** allow further information to be collected on those areas relevant to the consumers' circumstances and presenting problems. Not all profiles will be relevant for every consumer and, in some cases, some specific information within a profile will not be required. In these cases, simply record NA (not applicable) or code 99, depending on the instructions on the top of each page. The final form in the series is a **Service Coordination Plan** form to be completed for those consumers with both multi-agency involvement and complex needs.

Each PCP will need to develop its own protocol (who, what, when, how) for collecting and sharing information using the Service Coordination Tool Templates. It is likely that many of the items in the Consumer Information form will be collected during the initial contact with the consumer or the person referring the consumer. Some items, however, may not be collected until the first time a consumer is seen by a clinician. The content and purpose of the different components are summarised in the following table:

**Table 2: Purpose of the Service Coordination Tool Templates**

<b>Component</b>	<b>Purpose</b>	<b>Pages</b>
<b>CONSUMER INFORMATION</b>		
p.1	Demographic and social details of the consumer, contact person/s and GP, and how the information was obtained	CI p.1 of 2
p.2	Codes to record source of referral, other demographic information and benefits, entitlements and insurance status	CI p.2 of 2
<b>Summary and Referral Information</b>		
p.1	Summary of presenting problems and a text box to record other relevant information	SRI p.1 of 2
p.2	Describes current services used in last three months, and proposed initial action plan. Completed at the end using information from other profiles if appropriate.	SRI p.2 of 2
<b>Supplementary Profiles</b>		
Living Arrangements	Codes and comments for living arrangements, legal, financial and employment, carer profile	LA 1 of 1
Health Conditions	Overall health, pain, vision hearing and falls, list of conditions and medications.	HC 1 of 1
Psychosocial Profile	Covers mental health, wellbeing, social and family supports and disability criteria	PP 1 of 1
<b>Functional Profile</b>		
p.1	Functional screen for activities of daily living and self-care	FP 1 of 2
p.2	Screening questions for cognitive and behavioural problems, with prompts for further assessments	FP 2 of 2
Health Behaviours	Screen for risk factors, nutrition and physical activity, with prompts for further investigation	HB 1 of 1
Developing a Service Coordination Plan		
p.1	Key worker, review date, participants' list, evidence of assessment of need, case conference/date and information given to consumer	SCP 1 of 2
p.2	Action plan for each goal including dates, action, review date, who is responsible	SCP 2 of 2

The tools are designed so that the first two pages (the Consumer Information form) cover the core consumer information that should be collected on all consumers. The next form (two pages) is for a summary of the action to be taken. The core INI process thus consists of two forms over four pages and includes:

- **Consumer information** which is information about the consumer, other agents and their GP and information with codes for categories to cover demographic details, benefits and entitlements, and insurance status. The Notes box at the top on page 2 has space for comments that can be used for information on risk and urgency.
- **Summary and referral information** to record why the consumer is seeking services, describe the problem or issue as identified by the consumer or referring agency, describe other issues as identified by the consumer or in the INI process. Record current services and an initial action plan including listing the agency/health professional to receive the referral, the reason, whether consumer consent has been obtained, the referral method, whether feedback is required and the date.

The Summary and Referral form is informed by any relevant detail from the additional profiles that are used for the particular consumer or from the areas usually investigated by a particular agency or clinician. These are either used or left out depending on the consumer's presenting problems or as a result of any issues arising during the initial contact. As a result this page will usually be completed at the end and is used as a basis (in conjunction with subsequent assessments and care plans) for putting together the Service Coordination Plan (if required).

The Summary and Referral form may be used in a duplicate fashion to cover multiple problems with differing levels of confidentiality requirements. It can be used if the information is sensitive and not to be shared, in which case the interviewer can complete a separate copy of page 2 for each issue. For example there may be two issues—seeing the dentist and getting referred to a sexual assault service—and it may not be relevant or necessary to share all information for both referrals.

The **Profiles** are completed only if they are relevant to the client's presenting problems and needs and after the core information has been collected. The core information is recorded in the Consumer Information and Summary and Referral components. The assumption is that the next stages of referral, assessment or care planning, or service coordination, is a continuation of that process, and that the core consumer information will therefore already be available.

There are five supplementary profiles. The five supplementary forms cover profiles of living arrangements, health conditions, psychosocial factors, a functional screen and health behaviours. These are domains that can be investigated at the discretion of the contact worker and depending on the nature of the consumer's problem. In some cases, there will be no need to complete any of these supplementary domains. However, for consumers with complex needs, contact workers may choose to use several forms to identify their initial needs.

### **Complete only those profiles that are relevant for the consumer**

The Profiles are not a structured interview. Do not ask consumers about issues in the order that they are listed if they are inappropriate in the context. The Profiles are designed to be completed based on all sources of information available to the person completing them (observation, information contained in a referral letter, consumer notes or information provided to you by a carer or referring agency). Record NA for any issues that you have either not canvassed or that are inappropriate for the consumer unless otherwise instructed. The design of the set of profiles assumes that children and adolescents will be directly referred for a relevant assessment to be completed.

The Profiles are not designed as a diagnostic tool, nor are they considered to be an assessment. They are tools to help determine the consumer's risk, eligibility, priority for service and health promotion opportunities as early in their contact with the service system as possible.

This set of optional domains has been chosen by combining evidence from the literature, a review of the range of forms currently in use, and consultations with the field on different draft versions of data collection tools. They can be used to further investigate the scope of the consumer's needs at the initial contact point.

The Living Arrangements and Functional Profile forms should be completed for all consumers requiring Home and Community Care (HACC) services. These two profiles contain HACC minimum data set (MDS) items and the collection of this information during the INI process will mean that the information will not need to be collected at a later time. The remainder of the HACC MDS will be collected at the assessment stage.

The Service Coordination Plan form brings together all the different information that is useful for service coordination for those consumers that require this level of intervention. It covers the contact details of the key worker and other participants, a series of prompts for the collation or collection of evidence of consumer needs, a description of the consumer's problems/issues and associated goals, and the current required approach to consent and information disclosure as part of planning. The Service Coordination Plan is only completed for those consumers with both multiple agency involvement and complex needs.

The use of the term 'consumer' refers to the person for whom the INI form relates. Consumer is used in all cases, except where there is another term used in a MDS (for example, 'care recipient' is a HACC MDS term) or in validated questions from other sources (for example, person or client).

## Design Issues Common to All Forms

Each page of every form has the same space at the top for an agency-assigned consumer identifier to be recorded and a space at the bottom for identifying the person and agency completing the form. There is also a box for recording at a later time that the information on the page has been superseded and updated. This allows the superseded information to be kept as a historical record in the file.

## Information Superseded

Each page has a box on the bottom to record if the consumer's situation has changed. If new issues or problems are identified after a page has been completed or an INI process has been completed, subsequent presenting issues or changes to consumer information should be recorded on a new page. The new page is used to record any changes or additions, not to repeat issues recorded on the previous form. Indicate on the existing form that the information on the page has now been superseded. This will indicate to other health professionals that a new page has been created. Do not change the original record as the original record forms part of the consumer history and should be stored on the clinical record.

## Using the Service Coordination Tool Templates

The Consumer Information, Summary and Referral and Profile forms used in an INI process should trigger what formal assessments or urgent services are required. Consumers should be informed about the range of service options that are available to meet their needs. This is not limited to the services provided by your own agency. Consider the wider range of services supports and resources such as for-profit services, information services, financial entitlements or other alternative services.

The design of the tool templates assumes that most of the Profiles information will not be relevant for children and adolescents. The core information, however, is likely to be relevant. A separate profile for this group is not included because it is assumed they will be referred directly for a more detailed assessment by an experienced agency or professional.

## Developing the Service Coordination Tool Templates

The selection of the content of the Service Coordination Tool Templates has been the result of a separate literature review that examined both international and Australian experience. For example, in developing a consumer assessment instrument for the National Long Term Care Demonstration<sup>1</sup>, the factors considered important included physical health, mental health, ability to perform activities of daily living, social support and participation, financial and related resources, physical environment and living arrangements, and services.

In a review of published randomised controlled trials of health assessments for older people, Byles<sup>2</sup> noted the components most commonly included in health assessments. These included the following: height/weight, blood pressure, vision/hearing, teeth or oral examination, balance and gait testing, medications, activities of daily living, instrumental activities of daily living, functional status, medical problems, nutrition, alcohol, smoking, exercise, depression, cognition, social support, service use and home environment.

Detailed references for each item selected have not been included in the guidelines, however the rationale is contained in a separate literature review and a summary statement on the source of each item is included in the guidelines.

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<sup>1</sup> An initiative to improve care for functionally impaired adults, particularly the elderly. Consumer assessment and case management used to provide care to meet individual need and control long term care expenditure.

<sup>2</sup> Byles, J. E. (2000). A thorough going over: Evidence for health assessment for older persons. *Australian and New Zealand Journal of Public Health*, 24(2), 117–123.

The design of the Service Coordination Tool Templates to be used at the entry point to services and INI involved a number of background assumptions:

- That service structures will vary according to the local setting and agency type.
- That the various intervention strategies will also vary according to local needs;
- That the data collected needs to be consistent and conform with a number of technical and ethical requirements. As much as possible, information should be recorded in a way that allows for it to be subsequently computer coded.
- That, during the pilot, the forms supporting the INI process should be designed for completion by staff. After the pilot, a consumer-completed version would be developed, with both then being available for use.
- That each consumer will be assigned a unique record number at the initial contact agency, but this is not a common Statewide identifier.

The tools were developed based on a review of literature and current practice and then pilot testing was undertaken using draft tools in order to improve their usefulness. The tools developed in this process are regarded as Generation 1, with further developments and refinements being expected to occur over time.

## 3.2 How to Complete the Profiles

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There are five Profiles in the suite of Service Coordination Tool Templates. The Profiles are optional and intended to supplement professional judgement in identifying initial needs, except in the case of HACC services where professionals should use the living arrangements and functional Profiles to supplement initial needs identification. The Living Arrangements Profile contains information already included in the HACC MDS and the Functional Profile may be introduced as the standard functional screening (Dependency measures) tool for the HACC program.

Before using the Profiles, ask the consumer if they are willing to discuss further issues. Use questions such as 'Can I ask you about some other issues that often impact on peoples health?' 'Are there any other issues you'd like to discuss or concerns you have?' Such questions need to be appropriate to the age and circumstances of the consumer. If the consumer has other issues and it is appropriate to address them at this time, consider completing the relevant Profiles:

<b>Issue/s</b>	<b>Consider completing:</b>
<b>Determinants of health</b> —consider living arrangements, housing, carer issues, work, financial, legal	Living Arrangements Profile
<b>Health conditions</b> —consider overall health, age-related problems, disabilities, use of medicines	Profile of Health Conditions
<b>Psychosocial</b> —consider mental health and emotional well-being, personal and social supports, family and personal relationships	Psychosocial Profile
<b>Functional status and activities of daily living</b> —consider overall health, age-related problems, disabilities	Functional Profile
<b>Health behaviours</b> —consider lifestyle issues	Health Behaviours
If consumer requires <b>HACC or HACC-like</b> services	Living Arrangements and Functional Profiles (mandatory)

### 3.2.1 Living Arrangements Profile

Consider using this Profile (LAP Page 1 of 1) if the consumer has, or may have, issues and needs in relation to:

- housing and living arrangements,
- employment
- financial issues
- legal issues, including decision-making capacity, and/or
- carer needs and issues.

The data items in the Living Arrangements form are amenable to electronic recording and reporting for associated minimum data sets. The items are shown in the following table.

<b>ITEM</b>	<b>Data type</b>	<b>Codeset</b>	<b>HACC MDS*</b>
Living Arrangements	Numeric & box	Yes	✓
Accommodation	Numeric & box	Yes	✓
Employment Status	Numeric & box	Yes	
<b>Financial and Legal Profile</b>			
Legal orders and decision-making responsibility	Numeric & circle	Yes	
Financial decisions and trade-offs	Numeric & circle	Yes	
<b>Carer Profile</b>			✓
Availability	Numeric	Yes	✓
Residency status	Numeric	Yes	✓
Relationship	Numeric	Yes	✓

\* Those items indicated with a ✓ are mandatory for HACC MDS reporting, the other items are recommended to be completed as appropriate for each individual consumer.

## Living arrangements

Find out what living arrangements the person has—whether they live alone, with family or with others – by asking questions like ‘Who lives in the house with you?’ The person’s living arrangements need to be taken into account in formulating an initial action plan and, if necessary, developing a Service Coordination Plan.

Record a number in the box to indicate the description that best matches the consumers situation. Night shelters, refuges, hostels for the homeless and halfway houses should be coded as a 7. A group home for people with a disability should be coded as 8. Hostels for people with disabilities and Supported Residential Services should be coded as a 9. Consumers living in a nursing home or aged care hostel should be assigned a code of 10. If the question is irrelevant or the information is not known, record a code of 99.

Make any comments or summary notes on living arrangements and family situation in the box provided. Note there is a separate carer Profile on this Profile.

### Evidence/source—HACC MDS

## Employment status

Ask about the person’s current employment status and occupation, record status using the codes and record any relevant comments or notes. Note that the financial and legal Profile in the next section includes a question about purchasing trade-offs that is relevant to employment status. Record a number in the box to indicate the description that best matches the consumers situation. If the question is irrelevant or the information is not known, record a code of 99.

### Evidence/source—modified from the NMDS for Medical Rehabilitation

## Legal Profile

Legal issues might include any relevant court orders or mental health or guardianship orders, depending on the person’s circumstances and presenting problems. CTO under mental health refers to community treatment orders.

## Decision-making capacity

Under decision-making responsibility consider whether the person is capable of making their own decisions. POA refers to power of attorney. Record a number in the box to indicate the description that best matches the consumer’s situation. If the question is irrelevant or the information is not known, record a code of 99.

If, in your opinion, the answer to the question about decision-making capacity is 'not sure' or 'no', consider the need for assistance, the need for a cognitive assessment and the implications for consent (see instructions on the consent form). Circle the appropriate answer. If the question is irrelevant or the information is not known, record a code of 99.

### Financial decisions

Financial issues might include whether a person is capable of making their own decisions about financial matters or whether there is some financial risk in their immediate circumstances. POA refers to power of attorney. The person's financial situation may need to be taken into account in formulating an initial action plan and, if necessary, developing a Service Coordination Plan. Record a number in the box to indicate the description that best matches the consumer's situation. If the question is irrelevant or the information is not known, record a code of 99.

### Evidence/source—based on review of current practice

#### Trade-offs

It is sometimes useful to inquire as to whether there are any trade-offs the person makes because of financial difficulties, by asking: 'Because of limited income, during the last month have you made any trade-offs among purchasing any of the following: prescribed medications, necessary medical care, adequate food, home care?' If yes, discuss the issues with the consumer and consider the need for counselling (eg financial, gambling) and the need for material support. Circle the appropriate answer.

**Evidence/source—**This question has been selected from the MDS-HC, an instrument developed in the USA for a minimum data set for home care. The validity and reliability of this item for Australian populations is unknown, however it would appear to have content validity.

### Carer Profile

The Carer Profile has codes for recording availability, residency and the relationship of the carer to the care recipient. If the consumer does not have a carer, code 99.

If the consumer has a carer, consider whether the carer's own needs are being met. If not, complete a separate INI on the carer, and/or make the appropriate referral to a carer support agency or information service.

### Evidence/source—HACC MDS

#### Comments

Consider all the issues to do with living arrangements such as accommodation, employment, and the need for material assistance, financial and legal issues including decision-making and carers and use the box at the end of this Profile for any relevant comments, and to summarise the required action.

## 3.2.2 Health Conditions

Consider using this Profile (HC Page 1 of 1) if the consumer has, or may have, issues and needs in relation to their overall health status and/or specific health conditions. It is used to record information about self-rated health, bodily pain, interference with normal activities, vision, hearing and falls.

- Note that, unless this page is completed by a qualified medical practitioner, all of these items are based on self-report by the consumer, and as such none should be considered to be diagnoses.

If there are problems reported, consideration should be given to medical referral and further inquiries about activities of daily living and screening for further assessment by completing the Functional Profile.

ITEM	Data type	Code set
Overall health	Scale tick box	Yes
Bodily pain	Scale tick box	Yes
Interference with normal activities (past 4 wks)	Scale tick box	Yes
Vision		
Reading	Scale tick box	Yes
Distance	Scale tick box	Yes
Hearing	Scale tick box	Yes
Falls (inside/outside past 6 months)	Alphanumeric	No (list)
Health conditions	Alphanumeric	No (list)
Current medications	Alphanumeric	No (list)
Comments	Alphanumeric	No (list)

### Overall health

This question is selected from the SF-36. This question is widely used and is in current use in the DVA D677 and the D673. Self reported health agrees well with objective measures of health. It has been found to be a good predictor of subsequent illness and premature death.

In asking the consumer about their overall health, inquire about how they are going and whether they have experienced any recent changes in their health. If the consumer reports that they have had significant changes, ascertain whether the consumer is already under the care of a medical practitioner and whether they have told their medical practitioner about the changes. Tick the box to indicate the description that best matches the consumers situation. If the question is irrelevant or the information is not known, record NA.

Evidence/source—SF-36

### Bodily pain

Consider whether the consumer may be experiencing bodily pain. If so, ask questions such as ‘How much bodily pain have you had during the past 4 weeks?’ If the consumer reports that they have had significant bodily pain, ascertain whether the consumer is already under the care of a medical practitioner and whether they have told their medical practitioner about their pain. If not, refer the consumer back to their GP and consider whether pain is impacting on their ability to manage activities of daily living (see Functional Profile section) or on their personal or social relationships. Tick the box to indicate the description that best matches the consumer’s situation. If the question is irrelevant or the information is not known, record NA.

Evidence/source—SF-36

## Interference with normal activities

Use the question 'How much did your health interfere with your normal activities (outside and/or inside the home) during the past 4 weeks?' to score the consumer (or have them score themselves). Use the scale from 'not at all' to 'quite a bit' and identify and record any issues that may require action. Consider using the Functional Profile to screen for assessment on activities of daily living. Tick the box to indicate the description that best matches the consumer's situation. If the question is irrelevant or the information is not known, record NA.

### Evidence/source—DVA-673

## Vision, hearing and falls

Tick the box to indicate the description that best matches the consumer's situation. If the question is irrelevant or the information is not known, record NA.

**Evidence/source—these questions have been selected from the 1999 Older Peoples Health Survey and the falls item has been selected from the DVA D677 form on the basis of its common usage**

## Health conditions

In considering health conditions, check whether the consumer may have had any relevant problems in the past that might be related to their present problem. This may include overall health, hospital stays, medical interventions or other conditions or disabilities. If the consumer has any allergies or other medical conditions that should be known by a health professional treating the consumer, record them in this box.

Also inquire about any current conditions the consumer may have that have been long-standing, persistent or recurrent. Use questions such as 'Do you have any health conditions that interfere with your normal activities that are long-standing or recurring?' to identify and record any conditions that may require action. If the consumer reports that they have a chronic condition, ascertain whether the consumer is already under the care of a medical practitioner and whether any plan of long term management, coordinated care or self-help is in place.

General practitioners may use this list to record relevant diagnoses and/or to record consumer reported conditions.

## Current medications

The medication section relates to all medications, including over the counter and alternative treatments. Identify the number of medications the consumer is currently using. Use questions like: "Please tell me the names of your prescription medicines and how often you take them?" "Do you take them the way your doctor wants you to take them?" (if no: "why not?") "Is there someone who helps you take the medicines the way your doctor wants you to, or do you handle this yourself?" "Please tell me the names of your medicines for which you do not need a prescription (ie over-the-counter)?"

Poly-pharmacy may suggest that a medication review is required. If so, organise the appropriate referral pathway, which may include a Domiciliary Medication Management Review.

## Comment box

Use this box to summarise information on health conditions or to capture any new information arising from questions such as 'Is there anything (else) that interferes with your normal activities (outside and/or inside the home)?'

The Profile does not contain a list of all the possible health risks and problem conditions that might need further investigation. For example chronic or degenerative diseases, urinary incontinence, diabetes, cardiovascular disease, lung function, falls and so on might be present, and can be noted in the comment box.

The box can be used to identify and record any issues that may require action and that can be used to inform the summary on page three of the core initial needs identification.

### 3.2.3 Psychosocial Profile

Consider using this Profile if the consumer has, or may have, issues and needs in relation to:

- mental health and well being,
- personal and social support,
- family and personal relationships and
- eligibility for Disability Services.

The items are able to used in an electronic format in some information systems.

ITEM	Data type	Code set
Mental health and well being (from the K-10 scale)	Scale scores	Yes
Total scale score as indicator for referrals	Total score	Yes
Personal and social support	Scale tick box	Yes
Family and personal relationships	Comment box	No
DisAbility		
Eligibility	Y/N/DK	Yes
Assessment required	Y/N	Yes
Criteria	Tick box	Yes
Comment box	Alphanumeric	No (list)

#### Mental health and well being

Use the K10 scale to probe for issues such as depression, anxiety and coping ability. Record the total score. This is a scale of psychological distress developed for use in epidemiological surveys. It is suitable for use as an outcome measure in people with anxiety and depressive disorders.

The 10 item scale has five response categories and the score is the sum of those responses. Record a score for each question and, at completion, total them. The score range is from 10 to 50. People who score 0–15 have one quarter the population risk of meeting criteria for an anxiety or depressive disorder as identified by the CIDI, and a remote chance of reporting a suicidal attempt in their lifetime. People who score 16–30 have a one in four chance (three times the population risk) of having a current anxiety or depressive disorder and 1% chance (three times the population risk) of ever having made a suicide attempt. People who score 30–50 have a three out of four chance (ten times the population risk) of meeting criteria for an anxiety or depressive disorder and 6% chance (20 times the population risk) of ever having made a suicide attempt.

The recommended action is to refer for a primary care mental health assessment if the total score is 16–29 and for a specialist mental health assessment if score is 30 or more.

Evidence/source—Kessler R, School of Public Health, Harvard University, Boston (unpublished manuscript). Normative data cited above are from the Australian Survey of Mental Health and Well-being (source: Clinical Research Unit for Anxiety & Depression, WHO Collaborating Centre for Evidence in Mental Health Policy). Andrews, G et al. (2001) Australian and New Zealand Journal of Public Health.

## Personal and social support

Use this question if you feel that it is appropriate to the consumer's presenting problems:

"During the past 4 weeks... Was someone available to help you if you needed and wanted help? For example if you...

- felt very nervous, lonely or blue
- got sick and had to stay in bed
- needed someone to talk to
- needed help with daily chores
- needed help just taking care of yourself"

Tick the box to indicate the description that best matches the consumers situation. If the question is irrelevant or the information is not known, record NA. If the consumer has little support consider referral and the possibility of completing a Functional Profile. The person's social support situation may need to be taken into account in formulating an initial action plan and, if necessary, developing a Service Coordination Plan.

**Evidence/source—Dartmouth COOP Charts. It has a convergent correlation of 0.61 with the Medical Outcome Study for social support (Nelson et al. 1998).**

## Family and personal relationships

Ask about the person's current personal and family relationships—whether they experiencing any particular difficulties relating to their presenting problem and record the response in the comment box. This question has been left as a text box as no validated screenings questions could be identified that are appropriate for a wide range of age groups.

## Disability

Use the eligibility criteria provided to determine whether the consumer is likely to be eligible for disability services. Only consumers who clearly meet all four criteria are likely to be eligible for disability services. Circle yes only if this is clearly the case. Circle no if any of the criteria do not apply. Circle D/K (don't know) if there is uncertainty about whether one or more of the criteria apply. Cross through this section if it has not been used.

**Evidence/source—DHS**

## Comment box

Use this box to summarise information on psychosocial issues or to capture any new information. Ask the consumer whether they have any other relevant problems that might be related to their mental well being or social functioning, or family relationships. Questions such as 'Can you think of any other issues that interfere with your normal activities and relationships (outside and/or inside the home)?'. The box can be used to identify and record any issues that may require action and that can be used to inform the summary on page 3 of the core initial needs identification.

### 3.2.4 Functional Profile

Consider using this Profile if the consumer has, or may have, issues and needs in relation to activities of self care and daily living, things that we all need to do as part of our daily lives. The questions refer to how the consumer is managing at present (regardless of the cause) and should be used to formulate an initial action plan and, if necessary, to develop a consumer Service Coordination Plan.

ITEM	Data type	Code set
Functional screen	Scale scores	Yes
Housework	Scale score	Yes
Walking out and about	Scale score	Yes
Shopping	Scale score	Yes
Medicines	Scale score	Yes
Money	Scale score	Yes
Walking	Scale score	Yes
Bathing	Scale score	Yes
Cognition (asked of third party)	Scale score	Yes
Behaviour (asked of third party)	Scale score	Yes
Comment box	Alphanumeric	No (list)

Other information obtained in the process of completing the two pages of this Profile may also be used to recommend referrals for further assessment in the domains of self care, domestic, behavioural and cognitive functioning. Specific trigger points for these referrals have been developed on the basis of previously funded research to develop national measures of functional dependency for HACC and aged care programs. They are explained on the Profile. HACC will be considering developing functional dependency measures to be incorporated in the HACC MDS Version 2, therefore the completion of this profile for HACC services is recommended.

#### Activities of daily living (functional screen)

Using this Profile, you can screen for the consumer's needs over the four functional domains measured through scores on 9 questions:

- Domestic functioning—3 questions (housework, travelling to places and shopping)
- Self-care functioning—2 questions (dressing, bathing)
- Cognition and behaviour—2 questions (handling money and taking medication) as a screen for cognitive or behavioural problems
- Cognitive functioning—1 question for carer
- Challenging behaviour—1 question for carer

The 7 items on page 1 are hierarchical, so if the consumer does not need help in doing housework and getting about, there is no need to ask about mobility and bathing. On page 2 items 8 and 9 are about cognition and behaviour and are asked of third party informants, not the consumers themselves.

Scoring instructions and an explanation of the way to use the scores to trigger the recommended functional assessments, are included on the Profile itself, as is a space for comments or other issues raised by the Functional Profile.

Evidence/source—National HACC Functional Dependency Study (Eagar et al. 2001).

## Comment box

Use this box to summarise information on functional issues related to activities of daily living or to capture any new information. Ask the consumer whether they have any other relevant problems that might be related to their ability to look after themselves, get around and do practical things. Questions such as 'Can you think of any other issues that interfere with your normal activities (outside and/or inside the home)?'. The comment box can be used to identify and record any issues that may require action and that can be used to inform the summary on page 3 of the core initial needs identification.

## 3.2.5 Health Behaviours

Consider using this Profile if the consumer has, or may have, issues and needs in relation to health behaviours that, if changed, would improve their health and well-being. The questions are in the form of tick boxes, except for the nutrition screen, which gives a total score that can be used to indicate risk.

ITEM	Data type	Code set
Smoking	Scale scores	Yes
Alcohol	Scale tick box	Yes
Frequency	Comment box	No
Quantity		
Breast screen	Y/N/DK	Yes
Pap smear	Y/N	Yes
Nutrition (score as risk indicator)	Y/N	Yes
Physical activity	Y/N	Yes
Physical fitness	Tick box	Yes
Comment box	Alphanumeric	No (list)

## Risk factors

The opportunities for health promotion in the community are almost limitless. The results of the Australian Burden of Disease Study were used to provide guidance as to which risk factors could most profitably be targeted by the INI (Mathers et al. 2000 in the associated literature review).

Risk factors such as smoking, alcohol consumption, physical inactivity, hypertension, high blood cholesterol, obesity and inadequate fruit and vegetable consumption are responsible for large proportions of the overall burden of disease in Australia. The chief risk factor, responsible for 10% of total burden, is tobacco smoking. This is followed by physical inactivity (7%), high blood pressure (5%), and obesity (4%). Alcohol harm from hazardous drinking (4%) is offset by the benefits from alcohol in terms of cardiovascular disease, giving a net harm of around 2%. 'Fewer than five servings of fruit and vegetables' causes an estimated 3% of burden, as does high cholesterol. Illicit drugs, occupation and unsafe sex each account for less than 2% of the overall burden of disease (Mathers et al. 2000).

These results indicate that targeting smoking, hazardous drinking, physical inactivity and obesity in consumers may be most worthwhile. The Health Behaviours Profile therefore prompts for inquiring about, and recording these risks and opportunities for intervention, as well as nutrition, weight physical activity and fitness. Items have been selected from the DVA D677, and Enhanced Primary Care Assessment Form (Vic).

Use this Profile to record information about the person's lifestyle and to identify any opportunities that may be available to improve their health and well being. Ask:

How often do you have a drink containing alcohol?

How often do you have more than 6 standard drinks on one occasion?

Have you had a mammogram/pap smear?

Use your own judgement to probe for sensitive issues such as substance abuse (legal or illegal) and safe sex habits. For example the question on breast screen is for women 50 years and older within the recommended time frame (last 2 years) and for the pap smear question women of all ages who have been sexually active should be asked. This should also apply to teenagers and not just adults.

**Evidence/source—Australian Burden of Disease Study (Mathers et al. 2000); DVA D677, and EPC forms.**

## Nutrition

These questions are selected from the HACC Program Nutrition Risk tool. It can substitute for the checklist used in the DVA D677 and the EPC Assessment Forms.

Nutritional risk increases when the person is affected by an increasing number of general needs assessment factors. In particular, deterioration in health and loss of independence can result from under-nutrition and perhaps malnutrition.

The items used are unvalidated. The total item Y/N scores can be used as a trigger for GP referral if the consumer scores in the 'high risk' range. Note that some items in the checklist might be given different weights.

Depending on the consumer's presenting problems, you might ask questions such as: 'Do you have an illness or condition that made you change the kind and/or amount of food you eat?' or work through the questions. Record a score for each question. If the question is irrelevant or the information is not known, record NA.

**Evidence/source—This is a Victorian HACC program specific initiative and does not match with the Nutrition Checklist in the D677 and the EPC Assessment Forms.**

## Physical activity and fitness

"Physical activity is any bodily movement produced by skeletal muscles that results in energy expenditure" (NSW Health 1996). Important health benefits can be obtained through activity of moderate intensity—such as walking. It is considered appropriate to accumulate this type of energy expenditure through bouts as short as 10 minutes, towards the recommended total of 30 minutes on most days (NSW Health 1996) (Pate R et al. 1995) (Public Health Division 1998). More than one-third of Victorian adults do not participate in regular physical activity (Public Health Division 1998).

Physical activity can be gauged by the question: 'Would you accumulate 30 minutes or more of moderate intensity physical activity on most days of the week?'

Fitness is a different but related concept. The specific wording of this question has not been validated, but it appears to have content validity, given the current understandings of how best to capture this aspect of health behaviour. It should be noted that 'physical activity' has been used instead of 'exercise'. Exercise is a "planned, structured and repetitive bodily movement which is done to maintain one or more components of physical fitness" making it a subset of physical activity (NSW Health 1996).

'During the past 4 weeks...what was the hardest physical activity you could do for at least 2 minutes?'

If the hardest activity was less than moderate, consider the need for a referral. The following should be used as a guide:

Very heavy—run, fast pace; carry a heavy load upstairs or uphill (25 lbs, 10 kg)

Heavy—jog, slow pace; climb stairs or a hill at moderate pace

Moderate—walk, medium pace; carry a heavy load level ground (25 lbs, 10 kg)

Light—walk, medium pace; carry a light load on level ground (10 lbs, 5 kg)

Very light—walk, slow pace; wash dishes.

Tick the box to indicate the description that best matches the consumers situation. If the question is irrelevant or the information is not known, record NA. Consider both Activities of Daily Living and need for referral if the consumer's response can be judged as 'light' or 'very light'.

**Evidence/source—Dartmouth COOP Charts.** This question has a convergent correlation with the MOS Scale for Physical Function of 0.59 (Nelson et al. 1998).

#### Comment box including other issues

The comment box should be used as a place to summarise the information gained or to record any other relevant issues about health behaviours and risks. These should then inform the issues and initial action plan summarised on page 3 of the INI and, if necessary, to develop a Service Coordination Plan.

# Profile: Living Arrangements

If information not applicable or not known, record 99

Record Agency Assigned Consumer Identifier (initial contact agency)

or affix label here

## Living Arrangements

Record: (1) Lives alone. (2) Lives with family. (3) Lives with others.

Comments on living arrangements, including family arrangements:

## Accommodation

Record: (1) Private residence—owned/purchasing. (2) Private residence—private rental. (3) Private residence—public rental. (4) Private residence—mobile home. (5) Independent living unit within a retirement village. (6) Boarding house/private hotel. (7) Short term crisis, emergency or transitional accommodation facility. (8) Domestic-scale supported living facility. (9) Supported accommodation facility. (10) Residential aged care facility. (11) Psychiatric/mental health community care facility. (12) Public place/temporary shelter. (13) Private residence rented from Aboriginal community. (14) Temporary shelter within Aboriginal community. (19) Other. (99) Not stated/inadequately described.

Comments on accommodation:

## Employment Status

Record: (1) Employed/self-employed. (2) Sheltered. (3) Child/Student. (4) Home duties. (5) Unemployed. (6) Retired for age. (7) Retired for disability. (8) Other.

Comments on employment:

## Financial and Legal Profile

### Mental Health Act Status

Record (1) Voluntary. (2) Involuntary. (3) CTO. (4) N/A.

Other Legal Order (circle one) Yes No

If yes, specify:

Comments

## Decision Making Responsibility

Record: (1) Self. (2) Enduring POA. (3) Guardian.

Is the person capable of making their own decisions? (circle one)

Yes No Not sure

(If 'not sure' or 'no', consider the need for assistance, the need for cognitive assessment and the implications for consent.)

## Financial Decisions

Record: (1) Self. (2) POA. (3) Administrator. (4) Parent or Guardian.

## Trade-Offs

Because of limited income, during the last month have you made any trade-offs between purchasing any of the following: prescribed medications, necessary medical care, adequate food or home care? (circle one)

Yes No Not sure

(If yes, discuss issues with consumer and consider need for counselling (eg, financial, gambling) and need for material support.)

## Carer Profile

### Carer Availability

Record: (1) Has a carer. (2) Has no carer. (3) Not Applicable—the consumer is a carer.

### Carer Residency Status

Record: (1) Yes—co-resident carer. (2) No—non-resident carer. (3) Not Applicable—the consumer has no carer.

### Relationship of Carer to Care Recipient

Record: (1) Wife/female partner. (2) Husband/male partner. (3) Mother. (4) Father. (5) Daughter. (6) Son. (7) Daughter-in-law. (8) Son-in-law. (9) Other relative—female. (10) Other relative—male. (11) Friend/neighbour—female. (12) Friend/neighbour—male.

If there are carer issues, complete a separate INI on the carer.

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LAP Page 1 of 1

Name: Designation/Agency:

Sign: Date: Contact number:

If information becomes superseded, indicate below and record updated information on a new form

The information on this form has been superseded

Date: Name: Sign:

# Profile: Health Conditions

If question is irrelevant or information not known, write Not Applicable or NA

Record Agency Assigned Consumer Identifier (initial contact agency)

or affix label here

## Overall Health

In general, how would you say your health is?

- Excellent
- Very good
- Good
- Fair *consider activities*
- Poor *of daily living*

How much bodily pain have you had during the past 4 weeks?

- None
- Very mild
- Moderate
- Severe *consider activities*
- Very severe *of daily living*

How much did your health interfere with your normal activities (outside and/or inside the home) during the past 4 weeks?

- Not at all
- Slightly
- Moderately *consider activities*
- Quite a bit *of daily living*

## Vision

How is your eyesight for reading (with your glasses)?

- Excellent
- Good
- Fair
- Poor

How is your long distance eyesight (with your glasses)?

- Excellent
- Good
- Fair
- Poor

## Hearing

How is your hearing (with your hearing aid)?

- Excellent
- Good
- Fair
- Poor

## Falls

Have you had a fall inside/outside the home in the past 6 months?  Yes  No

If yes, record number of falls

*Consider both activities of daily living and need for referral if the consumer has any problems with vision, hearing or falls.*

## Health Conditions *(include all issues eg, allergies, acute medical conditions, disabilities, continence, dental, developmental problems)*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## Current Medications *(include prescriptions, over-the-counter and alternate products)*

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

*Note: Polypharmacy may suggest a medication review is desirable*

Comments

Department of Human Services

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HC Page 1 of 1

Name: \_\_\_\_\_ Designation/Agency: \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_ Contact number: \_\_\_\_\_

If information becomes superseded, indicate below and record updated information on a new form

The information on this form has been superseded

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Sign: \_\_\_\_\_

# Profile: Psychosocial

If question is irrelevant or information not known, write Not Applicable or NA

Record Agency Assigned Consumer Identifier (initial contact agency)

or affix label here

## Mental Health and Wellbeing

In the past 4 weeks about how often did you feel:

K10 scale	All of the time 5	Most of the time 4	Some of the time 3	A little of the time 2	None of the time 1
1 tired out for no good reason?					
2 nervous?					
3 so nervous that nothing could calm you down?					
4 hopeless?					
5 restless or fidgety?					
6 so restless you could not sit still?					
7 depressed?					
8 that everything was an effort?					
9 so sad that nothing could cheer you up?					
10 worthless?					

Total K-10 Score: \_\_\_\_\_

Recommended action: refer for primary care mental health assessment if total score is 16–29 and for a specialist mental health assessment if score is 30 or more.

## Personal and Social Support

During the past 4 weeks, was someone available to help you if you needed and wanted help? For example if you:

- Felt very nervous, lonely or blue.
- Got sick and had to stay in bed.
- Needed someone to talk to.
- Needed help with daily chores.
- Needed help just taking care of yourself.

Yes, as much as I wanted

Yes, quite a bit

Yes, some

Yes, a little

No, not at all

*Consider referral and  
activities of daily living*

Comment on personal and social support, including opportunities:

## Family and Personal Relationships

Comments:

## Disability

Is the person likely to be eligible for disability services?  
(circle yes only if they clearly meet all of the criteria below)

Yes    No    D/K

### Eligibility Criteria (tick)

- Has a disability attributed to an intellectual disability or a sensory, physical or neurological impairment or brain injury
- The disability is permanent or likely to be permanent
- Substantially reduced capacity in self-care/management or mobility or communication or learning
- Need for continuing support

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Name: \_\_\_\_\_

Designation/Agency: \_\_\_\_\_

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

Contact number: \_\_\_\_\_

If information becomes superseded, indicate below and record updated information on a new form

The information on this form has been superseded

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Sign: \_\_\_\_\_

# Profile: Functional Screen

Record Agency Assigned Consumer Identifier (initial contact agency)

or affix label here

## Activities of Daily Living (Functional Screen)

Questions to ask the consumer (or the person who represents the consumer)<sup>1</sup>.

I would like to ask you about some of the activities of daily living, things that we all need to do as part of our daily lives. I would like to know if you can do these activities without any help at all, or if you need some help to do them, or if you can't do them at all. The questions refer to how you are managing at the moment.

Item	Question	Score	Record score
1	<b>Can you do your housework...</b>		
	Without help? (can clean floors and so on)	2	
	With some help? (can do light housework but need help with heavy housework)	1	
	Or are you completely unable to do housework?	0	
2	<b>Can you get to places out of walking distance...</b>		
	Without help? (can drive your own car, or travel alone on buses or taxis)	2	
	With some help? (need someone to help you or go with you when travelling)	1	
	Or are you completely unable to travel, unless emergency arrangements are made for a specialised vehicle like an ambulance?	0	
3	<b>Can you go out for shopping for groceries or clothes (assuming you have transportation)...</b>		
	Without help? (taking care of all shopping needs yourself)	2	
	With some help? (need someone to go with you on all shopping trips)	1	
	Or are you completely unable to do any shopping?	0	
4	<b>Can you take your own medicine...</b>		
	Without help? (in the right doses at the right time)	2	
	With some help? (able to take medication if someone prepares it for you and/or reminds you to take it)	1	
	Or are you completely unable to take your own medicines?	0	
5	<b>Can you handle your own money...</b>		
	Without help? (write cheques, pay bills and so on)	2	
	With some help? (manage day-to-day buying, but need help with managing your chequebook and paying your bills)	1	
	Or are you completely unable to handle money?	0	
Do not ask the following 2 questions if the consumer scored 2 on all of the above 5 items. Instead, for clients who scored 2 on all of the above items, record a score of 9 on each of the following 2 items.			
6	<b>Can you walk...</b>		
	Without help? (except for a cane)	2	
	With some help from a person, or with the use of a walker or crutches?	1	
	Or are you completely unable to walk?	0	
7	<b>Can you take a bath or shower...</b>		
	Without help?	2	
	With some help? (eg, need help getting into or out of the tub)	1	
	Or are you completely unable to bathe yourself?	0	

### NOTES:

- If unanswered, score X.
- Rate what the person is **currently capable** of doing, rather than what they actually do. In assessing capability, 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). Consumers able to complete a task with verbal prompting should not be rated as independent (and therefore should be rated as a 1). In rating an item that is irrelevant (for example, the person has no shops in the vicinity or does not use any medications), rate based on what the person would be capable of doing if the item was actually relevant to their situation.
- Item 6 (walking). Clients who are in a wheelchair should be rated as (1) if they are independent (including corners etc) or (0) if they are not wheelchair independent.

<sup>1</sup> Reproduced from the OARS/MFAQ. Copyright: the Center for the Study of Aging and Human Development, Duke University Medical Center, Durham, North Carolina. Used with permission. Question 7 has been modified.

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FP Page 1 of 2

Name: Designation/Agency:

Sign: Date: Contact number:

If information becomes superseded, indicate below and record updated information on a new form

The information on this form has been superseded

Date: Name: Sign:

# Profile: Functional Screen

Record Agency Assigned Consumer Identifier (initial contact agency)

or affix label here

## Questions for You to Complete

Complete the following, based on all information available to you—your judgement based on interviewing or observing the client, information contained in a referral letter, consumer notes or information provided by a proxy respondent, such as a friend, relative, carer or referring agency.

*Note that the consumer should not be asked to answer these questions.*

Item	Question	Record score
8	Does the person have any memory problems or get confused?	
	No: score 2	
	Yes: score 0	
9	Does the person have behavioural problems for example, aggression, wandering or agitation?	
	No: score 2	
	Yes: score 0	

## Recommended Functional Assessments based on this Functional Screen

### Domestic

Look solely at items 1 to 5. Count the number of these items that scored 2.

Refer for a domestic functional assessment if the count is 2 or less (a count of 0, 1 or 2).

### Self-care

Refer for a self-care functional assessment if the consumer SCORED LESS THAN 2 on either Item 6 (mobility) or Item 7 (bathing).

### Cognition

Refer for a cognitive assessment if:

- the consumer scored LESS THAN 2 on either Item 4 (medicine) or Item 5 (financial management) AND you have determined that the consumer has no physical disabilities or problems with English literacy that may account for the consumer not being independent on these items; OR
- the consumer scored 0 on Item 8.

### Behaviour

Refer for a behavioural assessment if:

1. the consumer scored LESS THAN 2 on either Item 4 (medicine) or Item 5 (financial management) AND you have determined that the consumer has no physical disabilities or problems with English literacy that may account for the consumer not being independent on these items; OR
2. the consumer scored 0 on Item 9.

Comments:

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FP Page 2 of 2

Name: Designation/Agency:

Sign: Date: Contact number:

If information becomes superseded, indicate below and record updated information on a new form

The information on this form has been superseded

Date: Name: Sign:

# Profile: Health Behaviours

If question is irrelevant or information not known, write Not Applicable or NA

Record Agency Assigned Consumer Identifier (initial contact agency)

or affix label here

## Smoking

- Never smoked
- Has quit smoking
- Currently smokes

If quit, record when \_\_\_\_\_

Consider referral if currently a smoker

## Alcohol

How often do you have a drink containing alcohol?

- Never—*If never, proceed to next section*
- Monthly
- Once a week
- 2 to 4 times per week
- 5+ per week

How many standard drinks do you have on a typical day when you are drinking?

How often do you have more than 6 standard drinks on one occasion?

- Never
- Monthly
- Once a week
- 2 to 4 times per week
- 5+ per week

Consider referral if alcohol consumption is an issue

## Breast Screen

- Yes
- No

If yes, record date or year \_\_\_\_\_

## Pap Smear

- Yes
- No

If yes, record date or year \_\_\_\_\_

## Nutritional Risk Screening Tool

*These questions may not apply to all conditions or lifestyles. If a question has already been answered in a previous section, record a score based on the previous answer.*

- Obvious underweight—frailty?
- Unintentional weight loss?
- Reduced appetite or reduced food and fluid intake?
- Mouth or teeth or swallowing problem?
- Follows a special diet?
- Unable to shop for food?
- Unable to prepare food?
- Unable to feed self?
- Obvious overweight affecting life quality?
- Unintentional weight gain?

### OUTCOME:

*YES to one or more questions means that nutritional risk exists.*

*Nutritional risk increases when the person is affected by an increasing number of general needs assessment factors. In particular, deterioration in health and loss of independence can result from undernutrition and perhaps malnutrition.*

## Physical Activity

Would you accumulate 30 minutes or more of moderate intensity physical activity on most days of the week?

- Yes
- No

Consider referral if 'no'.

## Physical Fitness

During the past 4 weeks, what was the hardest physical activity you could do for at least 2 minutes?

- Very heavy (eg, run, fast pace; carry a heavy load upstairs or uphill of 25 lbs./10 kg).
- Heavy (eg, jog, slow pace; climb stairs or a hill at moderate pace)
- Moderate (eg, walk, medium pace; carry a heavy load level ground 25 lbs, 10 kg)
- Light (eg, walk, medium pace; carry a light load on level ground (10 lbs, 5 kg)
- Very light (eg, walk, slow pace; wash dishes)

Consider both activities of daily living and need for referral if response is 'light' or 'very light'.

Comments, including other relevant issues (eg, other substance use, safe sex practices):

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HB Page 1 of 1

Name: \_\_\_\_\_ Designation/Agency: \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_ Contact number: \_\_\_\_\_

If information becomes superseded, indicate below and record updated information on a new form

The information on this form has been superseded

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Sign: \_\_\_\_\_