

Profile: Need for Assistance

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

Consumer

Name:

Date of Birth: dd/mm/yyyy / /

Sex:

UR Number:

or affix label here

Questions to ask the consumer (or the person who represents the consumer):

Area	Screening Questions	Comments
Domestic	Has difficulty or needs assistance at home with: e.g. <ul style="list-style-type: none"> Doing housework and laundry Preparing meals Shopping for food and household items Other – please specify 	<input type="checkbox"/> Yes <input type="checkbox"/> No Details (list specific areas of difficulty)
Personal	Has difficulty or needs assistance with: e.g. <ul style="list-style-type: none"> Dressing or grooming Having a bath or shower Other – please specify (example toileting) 	<input type="checkbox"/> Yes <input type="checkbox"/> No Details (list specific areas of difficulty)
Mobility	Has difficulty or needs assistance with: e.g. <ul style="list-style-type: none"> Walking or moving around the house Walking or moving around outdoors and away from home <p>Prompt for use of aids, wheel chairs.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No Details (list specific areas of difficulty)
Transport	Has difficulty or needs assistance with transport: e.g. <ul style="list-style-type: none"> Using cars Using public transport 	<input type="checkbox"/> Yes <input type="checkbox"/> No Details (list specific areas of difficulty)
Other	Has difficulty or needs assistance with activities: e.g. <ul style="list-style-type: none"> Managing money Organising and taking medications Other – please specify 	<input type="checkbox"/> Yes <input type="checkbox"/> No Details (list specific areas of difficulty)
Cognition	Has problems with cognition: e.g. <ul style="list-style-type: none"> Serious problems with memory Observation or evidence from GP or carer suggests confusion, disorientation, or problems with memory 	<input type="checkbox"/> Yes <input type="checkbox"/> No Details (list specific areas of difficulty)
Behaviour	<ul style="list-style-type: none"> Observation or evidence from GP or carer suggests problems with behaviour, e.g., aggression, wandering, agitation 	<input type="checkbox"/> Yes <input type="checkbox"/> No Details (list specific areas of difficulty)
Communication	Has difficulties with speech or hearing: e.g. <ul style="list-style-type: none"> Observation or evidence from GP or carer suggests communication difficulties 	<input type="checkbox"/> Yes <input type="checkbox"/> No Details (list specific areas of difficulty)

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Referral Recommended To:

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This information collected by:		NFA Page 1 of 1
Name:	Position/Agency:	
Sign:	Date: dd/mm/yyyy / /	Contact number: