ASSESSMENT SUPPLEMENT FORM

GENERAL CLIENT INFORMATION

NAME: _____

ADDRESS: _____

_____ **POST CODE:** _____

COUNTRY OF BIRTH: _____ **ARRIVAL YEAR:** _____

NATIONALITY: _____ **MARITAL STATUS:** _____

CARER STATUS: Resident Carer ❑ Non-resident Carer ❑ No Carer ❑

RELATIONSHIP TO CLIENT: _____

Day: Monday ❑ Tuesday ❑ Wednesday ❑ Thursday ❑ Friday ❑

Venue: Roms ❑ Cast ❑ Errin ❑ Kad ❑ 101 ❑

TRANSPORT:

Bus ❑ Carer ❑

Taxi ❑ Other ❑

Maxi Taxi ❑

Pick up Time: _____am/pm

Assistance needed with transport? _____

_____

Commencement Date: _____

Review Date: _____

Termination Date: _____

Termination Reason: _____

_____

_____

MEDICATION:

Does this person take medication?: Yes ❑ No ❑

When: _____

Does this person need assistance with taking the medication?: _____

_____

Medication Arrangements: _____

_____

Diabetes: Yes ❑ No ❑

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ACTION

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LEISURE

What are the leisure / recreational activities that the person enjoys:

LIFE HISTORY

Summary of places lived, education, skills and interest in the past, favourite music, names of people who are important, etc:

ONGOING CARE PLAN / ACTION

SUPPORT	ACTIVITIES PROGRAM

Level of Care (*please circle*)**:**

Core ❑ **High ❑**

Does the client consent to having their details made available for statistical purposes? (*All details are anonymous*)

Please Circle:

No❑ **Yes ❑ →** **Date: _____**

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