

Cardinia Casey ACCT Screening Tool

- 3 Point ID Check Completed Identifies with ATSI community Fees discussed, set at \$ ____
 Rights and responsibilities discussed and brochure provided Consent obtained

What are you hoping we can do for you? _____

Health information/concerns (including mental health) _____

Social situation

Has Carer, Carer Name/ Relationship: _____

Medications

Copy of medications list on file _____

Nutrition

Have you noticed any changes in weight or do you have any concerns about nutrition?

Do you have any issues with eating or swallowing? _____

Daily life

Do you use any equipment at home or to help you get around? _____

Do you need any assistance with day to day activities? _____

Do you have any concerns about your ability/safety with daily activities? _____

- | | |
|---|--|
| <input type="checkbox"/> Dandenong Hospital | <input type="checkbox"/> Monash Medical Centre Clayton |
| <input type="checkbox"/> Kingston Centre | <input type="checkbox"/> Moorabbin Hospital |
| <input type="checkbox"/> Jessie McPherson | <input type="checkbox"/> Community Health Services |
| <input type="checkbox"/> Casey Hospital | <input type="checkbox"/> Cranbourne Integrated Care Centre |

Unit Record Number:.....

Surname

Given Name.....

D.O.B. Age..... Sex.....

Affix Patient Identification Label

Pressure care

Do you have any of the following issues?

- Current or previous history of pressure injury
- Incontinence
- Poor circulation (e.g. diabetes, vascular disease)
- Poor nutritional status &/or recent significant change in weight
- Stay in one position for a significant time
- If the client has 2 or more risk factors, pressure injury handout "Move Move Move" provided
- Client consent to Occupational Therapy referral

Further assessment/referral required:

Falls

1. Have you had falls in the past 12 months?

- None (0) One (1) Two (2) Three or more (3)

2. Prior to this fall, how much assistance did you need to complete domestic activities of daily living? (e.g.: cooking, housework, laundry) *If no fall in the last 12 months rate current function*

- Completely Independent (0) Supervision (1) Some Assistance (2)
 Completely Dependent (3)

3. When walking and turning using their normal walking aid, does the person appear unsteady or at risk of losing their balance? *If the person is unable to walk due to injury score 3*

- No unsteadiness (0) Minimally unsteady (1) Moderately unsteady (supervision) (2)
 Consistently & severely unsteady (hands on assistance) (3)
 Score 0 → **Low Risk** Score 1 – 3 → **Low Risk** Score 4 – 9 → **High Risk**
 Don't fall for it booklet provided Client consent to Physiotherapy referral

Intervention/ referral required?

Referrals required:

Clinician Signature: _____ Date: _____

Client Signature: _____ Date: _____

