

# Common Assessment Tool



Client name:

Client UR:

This tool is designed to be used for clients with chronic conditions.

Questions	Comments and assessment		Prompts and flags for action
<b>Medical and chronic conditions history</b>			
Tell me about your health condition/s			Key chronic conditions, recent hospitalisations, ethnic background, doctor shopping  <u>Action:</u> Complete the chronic conditions profile if the person has any of the key chronic conditions listed.
List all relevant medical conditions.	<input type="checkbox"/> Heart disease ( <i>stroke, angina, heart failure, CHD</i> ) <input type="checkbox"/> Diabetes <input type="checkbox"/> Lung disease ( <i>asthma, COPD</i> ) <input type="checkbox"/> Arthritis <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Chronic pain  <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Personality disorders <input type="checkbox"/> Drug/alcohol abuse  Others:		Consider referral to diabetes team or community nursing; or counselling, Primary Mental Health, SPAS (> 65 yrs) for mental health conditions
How often would you see your GP or Specialist within a year?  Tell me about your relationship with your GP	> 4 visits	Comments:	
How often have you been to hospital within the last 12mths?	Never		
<b>Medications</b>			
List all prescribed medications including alternative therapies.			Skipping medication doses, Poly-pharmacy (>5 prescribed medications), fair or poor understanding of medications  Consider referral to community nursing or pharmacist for home medication review
Tell me what you understand about your medications.			
How often do you miss doses of medications in a week?  How would you rate your understanding of your medications do?  What kinds of things stop you taking your medications?	more than 4 times  Very good		
<b>Hearing and vision</b>			
When was the last time you had your eyes checked?	Within the last 2 years  Comments:		People over 65 yrs that have not had an eye check within the last 2 years  Refer to GP, Optometrist and/or Vision Australia
Do you ever experience:  • People have to repeat themselves often when speaking with you  • Difficulty in following	Yes  Comments:  Yes		People that experience any of the hearing symptoms listed (they give a yes answer to any of the issues listed)  Refer to GP, Audiologist or Australian Hearing Service

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<p>conversations when there is background noise</p> <ul style="list-style-type: none"> <li>Family members complain you have the TV too loud</li> </ul>	<p>Comments:</p> <p>Yes</p> <p>Comments:</p>	
<b>Social history</b>		
Tell me about your employment situation.	Self-employed/Employed	<p>Identify social issues linked to poorer health outcomes e.g.</p> <ul style="list-style-type: none"> <li>Unemployment</li> <li>Social isolation</li> <li>Unstable accommodation</li> <li>Lack of transport</li> <li>Financial instability</li> </ul> <p>Consider referral to PAG, financial counselling, ACO for disability, SPAS (&gt; 65 yrs), nursing, case management</p>
Tell me about your living arrangements.	Live with family	
Tell me about your housing situation		
Tell me about your family supports		
How do you get out and about to appointments and other places?		
Tell me about your financial situation? How do you go with affording essential items such as food, medicines and medical care, and housing?	<p>Enough money to buy essentials</p> <p>Comments:</p>	

## Screening section

Questions	Comments and assessment	Prompts and flags for action
<b>Pain history</b>		
If you have pain, how much does pain interfere with your normal activities of daily living?	<p>Severely</p> <p>Comments:</p>	Moderate – severe impact on daily life. Consider referral to Physio, OT, health coaching or other self management program
<b>Mobility</b>		
<p>Do you use a walking aid indoors?</p> <p>Do you use a walking aid outdoors?</p> <p>Is your walking aid prescribed by a physiotherapist?</p>	<p>Yes If yes: Describe</p> <p>Yes If yes: Describe</p> <p>Yes Comments:</p>	<p>Walking aid not prescribed</p> <p>Client may benefit from a walking aid or a review of their current walking aid</p> <p>Consider referral to physio</p>
Tell me how you might benefit from a walking aid or physio assessment?		
<b>Home safety</b>		
<p>If you are over 65 yrs and/or have a disability, do you have:</p> <ul style="list-style-type: none"> <li>Steps at home either inside or outside the home without a rail?</li> <li>A shower recess or bath without grab rails?</li> <li>Trouble getting up off the toilet or a chair?</li> </ul>	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Comments:</p>	<p>A yes to any of these questions</p> <p><u>Actions:</u> Have a discussion with the client about how an OT home safety assessment can reduce the risk of falls.</p> <p>Consider a referral to an OT or education re home safety.</p>
<b>Nutritional risk</b>		
In the past 4 weeks, have you:	Comments:	<ul style="list-style-type: none"> <li>A No answer to question 1</li> </ul>

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Questions	Comments and assessment		Prompts and flags for action
<ul style="list-style-type: none"> <li>Eaten fruit and vegetables every day?</li> <li>Had reduced appetite or food intake?</li> <li>Lost weight for no apparent reason?</li> <li>Needed assistance with shopping or preparing food?</li> <li>Had issues affecting your ability to eat (mouth, teeth, swallowing)?</li> </ul>	Yes  Yes  Yes  Yes  Yes		and <5 days per week  <ul style="list-style-type: none"> <li>A Yes answer to any of questions 2, 3 and 4</li> <li>A Yes answer to Question 5</li> </ul> <u>Action:</u> Have a conversation with the client re basic healthy eating, or refer to dietitian.  Consider referral to dentist or speech pathologist if yes to Q5
<b>Falls risk</b>			
Complete the FROP-Com screen included with this assessment (p4)	Please give the total risk score		A score of 4–9 is high risk. Refer to the recommendations on the FROP-Com screen
<b>Lifestyle risks</b>			
<u>Smoking:</u> Do you smoke? Have you smoked in the past?	Yes Yes If yes, time since last cigarette		A Yes to either question, client resistance; recently quit and/or is in relapse  <u>Actions:</u> Use the lifestyle profile to explore the issue and advise re risks/benefits of quitting.
How much of a concern is your smoking to you?	Significant issue		
<u>Healthy eating and weight:</u> Tell me a little about what you would typically eat. How do you see your weight? How much of a concern is your weight to you?	Healthy weight  Significant issue		Poor diet (little fruit & veg, take away, fatty foods, cakes, lollies)  Overweight or obese and/or sees their weight as an issue  <u>Actions:</u> Use the lifestyle profile to explore the issue. Advise client on risks of too high or too low BMI and inform client of daily fruit and veg guidelines
<u>Physical activity:</u> How many days of the week do you do moderate-intensity physical activity? How important is it to you to do more activity?	Less than 1 Comments:		Clients not meeting guidelines for physical activity  <u>Actions:</u> Use the lifestyle profile to explore the issue and advise clients on the risks of being inactive and benefits of change
<u>Alcohol:</u> Tell me about your alcohol intake How many alcoholic drinks do you have on a typical day when you are drinking? How often do you have more than 6 standard alcoholic drinks on one occasion?	1 - 2  Never		Clients regularly having >2 standard drinks per day and/or more than 6 in one occasion  <u>Actions:</u> Complete the DRINK CHECK on the lifestyle risk profile, explore the issue and advise clients of the guidelines and health risks of excess alcohol.
<b>Depression and anxiety</b>			
<u>Depression:</u> In the past 2 weeks have you: <ul style="list-style-type: none"> <li>Felt sad or miserable most of the time</li> <li>Lost interest in usual</li> </ul>	Yes  Yes	Comments:	<u>Actions:</u> If yes to any questions, complete the K10  Discuss risk factors, prevalence and options for treatment for depression and/or anxiety  Support clients with

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activities <u>Anxiety:</u> In the past 6 months or more have you: <ul style="list-style-type: none"> <li>Felt tense and tended to worry much of the time</li> <li>Found it difficult to sit and relax most of the time</li> <li>Seemed to become agitated over minor things</li> </ul>	Yes Yes Yes	behavioural modification strategies  Consider referral to counseling team, GP for treatment & monitoring, MBS funded psychologist or Prime Health
<b>Client self-management skills</b>		
Tell me about what you do to take care of your health?  Tell me about any changes you might have made to improve your health?  What do you think you could do more to improve your health?		Negative self talk e.g. I cant, nothing will change, yes but etc; DNA appointments, client resistance, many barriers.  <u>Actions:</u> Investigate the 6 areas of self management using the self-management profile.  Work with client to increase their self efficacy and feeling of control and ownership.

## Summary and plan

Main issues and goals	
List the problems that have been identified as a result of this assessment.  <input type="checkbox"/> Tick if complex ( <i>1 chronic condition + more than 2 issues with a significant impact + 3 or more clinicians involved</i> ). Please list client for case review.	
What is the client's main problem? How do they see it?	
What actions will be taken as a result of this assessment? What referrals will be made?	
What is the client's goal? What would they like to achieve?	

Date:

Clinician:

Discipline:

# FROP-Com Screening tool

<b>Falls Risk for Older People in the Community (FROP-Com) Screening tool</b>	<b>Client name:</b> <b>Client UR:</b> <b>Client DOB:</b>
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Screen all people 65 years and over (50 years and over Aboriginal and Torres Strait Islander)

Date of screen:

Falls screening area	Comments and screening outcome	SCORE
<b>FALLS HISTORY</b>		
Number of falls in the past 12 months	0	
<b>FUNCTION: ADL status</b>		
Prior to this fall, how much assistance were you requiring for activities of daily living (e.g. cooking, housework, laundry)?  If no falls in past 12 months, rate your current function	None (0)	
<b>BALANCE</b>		
When walking and turning, does the person appear unsteady or at risk of losing their balance?  <ul style="list-style-type: none"> <li>Observe the person standing, walking a few metres, turning and sitting. If the person uses an aid observe the person with the aid. Do not base on self-report.</li> <li>If level fluctuates, tick the most unsteady rating. If the person is unable to walk due to injury, score as 3.</li> </ul>	No unsteadiness observed (0)	

<b>TOTAL RISK SCORE</b>	
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Total score	0	1	2	3	4	5	6	7	8	9
Risk of being a faller	0.25		0.7		1.4		4.0		7.7	
Grading of falls risk	0-3 Low risk				4-9 High risk					
Recommended actions	Further assessment and management if functional/balance problem identified (score of one or higher)  Consider referral to physio ( <i>issues related to strength/balance/mobility</i> ) or OT ( <i>issues related to activities of daily living</i> )				Consider physio referral ( <i>issues related to strength/balance/mobility</i> ) or OT ( <i>issues related to activities of daily living</i> )  Referee to perform the Full FROP-Com assessment and/or corresponding management recommendations					

Date:

Clinician:

Discipline: