CLINICIAN COMPLETED

SENIOR HEALTH ASSESSMENT II or CARE PLAN ASSESSMENT II

Aged 75+ Item No 702 _____ and Aboriginal & Torres Strait Islander 55+ Item No 706 _____ (Home Visit)
Aged 75+ Item No 700 _____ and Aboriginal & Torres Strait Islander 55+ Item No 704 _____ (Practice Visit)
Multi-disciplinary Care Plan Item No 720 _____ OR Multi-disciplinary Discharge Care Plan Item No 722 _____

☛ For general physical examination and issues not covered herein record in the physician's usual medical records *

Provider Name _____ **eProvider ID No** _____
Patient Name _____ **Patient ID No** _____
Carer Name _____ **Carer Phone No** _____

Patient Lives … ❑ In Own Home ❑ Supported Residential Care **DATE** _____/_____/_____

CHECKLIST FOR ADDITIONAL CLINICAL ASSESSMENTS

IMMUNISATION STATUS

1	Immunisation up to date?	Influenza	❑ YES	❑ NO
		Tetanus	❑ YES	❑ NO
		Pneumococcus	❑ YES	❑ NO

MEDICATION

2	No medication review required?	❑ YES	❑ NO
3	Free from interactions/ side effects?	❑ YES	❑ NO
4	Able to manage own medication?	❑ YES	❑ NO
5	Medication compliance ok?	❑ YES	❑ NO

CONTINENCE

6	Free from continence problems?	❑ YES	❑ NO

ACTIVITIES OF DAILY LIVING

7	Able to safely get on and off the toilet?	❑ YES	❑ NO
8	Able to easily use the telephone?	❑ YES	❑ NO
9	Able to go shopping?	❑ YES	❑ NO
10	Able to do banking?	❑ YES	❑ NO
11	Adequate transportation?	❑ YES	❑ NO
12	Able to read Books/Newspaper?	❑ YES	❑ NO
13	Able to watch TV?	❑ YES	❑ NO
14	Able to listen to Radio/Music?	❑ YES	❑ NO
15	Able to clean and maintain house?	❑ YES	❑ NO

COGNITION

16	Cognition ok?	❑ YES	❑ NO

SOCIAL FUNCTION

17	Currently without Community Services?	❑ YES	❑ NO
18	***Not*** caring for another person?	❑ YES	❑ NO
19	Adequate social contact?	❑ YES	❑ NO

MULTI-SYSTEM REVIEW

20	Fit to drive?	❑ N/A	❑ YES	❑ NO
21	Satisfactory hearing?		❑ YES	❑ NO
22	Hearing aid adequate?	❑ N/A	❑ YES	❑ NO
23	Satisfactory vision?		❑ YES	❑ NO
24	No problems with one or both feet?		❑ YES	❑ NO
25	Adequate skin care?		❑ YES	❑ NO
26	Sufficient/quality sleep?		❑ YES	❑ NO
27	Adequate exercise?		❑ YES	❑ NO
28	Adequate home safety?		❑ YES	❑ NO

Q4 - Details in medical records.

Q6

Leaking Urine?	❑ YES	❑ NO
Related to coughing or sneezing?	❑ YES	❑ NO
Faecal incontinence/ change of bowel habit?	❑ YES	❑ NO
Family history of bowel cancer?	❑ YES	❑ NO

Q16 SCORE

What is the year/season/day/month? _____
Score 1 point for each correct answer
Where do you live-
state/country/town/street no/street name? _____
Score 1 point for each correct answer
Repeat three objects – house/bus/dog? _____
Score 1 point per word on first trial
Spell "world" backwards _____
Score 1 point for each correct letter
TOTAL SCORE _____

Q17

❑ Daycare ❑ Respite Care ❑ HACC Home Help ❑ Podiatry
❑ Community nursing ❑ Meals on Wheels ❑ Physiotherapy
❑ Specialist ❑ Other

Q21 - Whisper test failed? ❑ YES ❑ NO

Q28 – eg slip resistant mats, pets underfoot

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Blood pressure systolic ____ ____ ____

Blood pressure diastolic ____ ____ ____

Pulse rate ____ ____ ____

Rhythm _____

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Care plan necessary ❑ YES ❑ NO Case conference necessary? ❑ YES ❑ NO

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