

PCP Initial Needs Identification LIVING ARRANGEMENTS

If information not applicable or not known, record 99

Living arrangements

Record: (1) Lives alone (2) Lives with family (3) Lives with others

Comments on living arrangements, including family arrangements

Accommodation

Record: (1) Private residence – owned/purchasing (2) Private residence – private rental (3) Private residence – public rental (4) Private residence – mobile home (5) Independent living unit within a retirement village (6) Boarding house/private hotel (7) Short term crisis, emergency or transitional accommodation facility (8) Domestic-scale supported living facility (9) Supported accommodation facility (10) Residential aged care facility (11) Psychiatric / mental health community care facility (12) Public place/temporary shelter (13) Private residence rented from Aboriginal Community (14) Temporary shelter within an Aboriginal Community (19) Other (99) Not stated / inadequately described

Comments on accommodation

Employment Status

Record: (1) Employed/self employed (2) Sheltered (3) Child/Student (4) Home duties (5) Unemployed (6) Retired for age (7) Retired for disability (8) Other

Comments on employment

Financial and legal profile

Mental Health Act status

Record (1) Voluntary (2) Involuntary (3) CTO (4) N/A

Other legal order (circle one)

Yes

No

If yes, specify: _____

Comments

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Summarise issues & arising action using the Summary & Referral Information form

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Decision-making responsibility

Record: (1) Self (2) Enduring POA (3) Guardian

Is the person capable of making their own decisions? (circle one)

Yes

No

Not sure

If 'not sure' or 'no', consider the need for assistance, need for cognitive assessment and the implications for consent.

Financial decisions

Record: (1) Self (2) POA (3) Administrator (4) Parent or Guardian

Trade offs

Because of limited income, during the last month have you made any trade-offs among purchasing any of the following: prescribed medications, necessary medical care, adequate food, home care?

Yes

No

Not sure

If yes, discuss issues with consumer and consider need for counselling (eg, financial, gambling) and need for material support.

Carer Profile

Carer Availability

Record (1) Has a Carer (2) Has no Carer (3) Not Applicable – the consumer is a Carer

Carer Residency Status

Record (1) Yes – Co-resident Carer (2) No – Non-resident Carer (3) Not Applicable – the Consumer has no Carer

Relationship of Carer to Care Recipient

Record (1) Wife/female partner (2) Husband/male partner (3) Mother (4) Father (5) Daughter (6) Son (7) Daughter-in-law (8) Son-in-law (9) Other relative – female (10) Other relative – male (11) Friend/neighbour – female (12) Friend/neighbour – male

If there are carer issues, complete a separate INI on the carer.

PCP Initial Needs Identification HEALTH CONDITIONS

If question is irrelevant or information not known, write Not Applicable or NA

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Overall health

In general, would you say your health is?

Excellent

Very good

Good

Fair

Poor

Consider Activities of Daily Living

How much bodily pain have you had during the past 4 weeks?

None

Very Mild

Moderate

Severe

Very Severe

Consider Activities of Daily Living

How much did your health interfere with your normal activities (outside and/or inside the home) during the past 4 weeks?

Not at all

Slightly

Moderately

Quite a bit

Consider Activities of Daily Living

Vision

Is your eyesight for reading (with your glasses)?

Excellent

Good

Fair

Poor

Is your long distance eyesight (with your glasses)?

Excellent

Good

Fair

Poor

Hearing

Is your hearing (with your hearing aid)?

Excellent

Good

Fair

Poor

Falls

Have you had a fall inside/outside the home in the past 6 months?

Yes No

If yes, record number of falls _____

Consider both Activities of Daily Living and need for referral if the consumer has any problems with vision, hearing or falls.

Health conditions

(include all issues eg, allergies, acute medical conditions, disabilities, continence, dental, developmental)

- 1.
- 2.
- 3.
- 4.
- 5.

Current Medications – include prescriptions, over-the-counter and alternate products

1	5
2	6
3	7
4	8

Note: Polypharmacy may suggest a medication review is desirable

Comments

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PCP Initial Needs Identification PSYCHOSOCIAL PROFILE

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Mental health and well being

In the past 4 weeks about how often did you feel...

K10 scale		All of the time	Most of the time	Some of the time	A little of the time	None of the time
		5	4	3	2	1
1	tired out for no good reason?					
2	nervous?					
3	so nervous that nothing could calm you down?					
4	hopeless?					
5	restless or fidgety?					
6	so restless you could not sit still?					
7	depressed?					
8	that everything was an effort?					
9	so sad that nothing could cheer you up?					
10	worthless?					

Total K-10 Score: _____

Recommended action: refer for primary care mental health assessment if total score is 16-29 and for a specialist mental health assessment if score is 30 or more.

Personal and social support

During the past 4 weeks...Was someone available to help you if you needed and wanted help? For example if you...

- felt very nervous, lonely or blue
- got sick and had to stay in bed
- needed someone to talk to
- needed help with daily chores
- needed help just taking care of yourself

Yes, as much as I wanted

Yes, quite a bit

Yes, some

Yes, a little

No, not at all

Consider referral & Activities of Daily Living

Comment on personal and social support, including opportunities

Family and personal relationships

Comments

Disability

Is the person likely to be eligible for disability services (circle yes only if they clearly meet all of the criteria below)?

Yes No D/K

Eligibility criteria (tick)

Has a disability attributed to an intellectual disability or a sensory, physical or neurological impairment or brain injury

The disability is permanent or likely to be permanent

Substantially reduced capacity in self-care/management or mobility or communication or learning

Need for continuing support

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PCP Initial Needs Identification FUNCTIONAL PROFILE

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Activities of Daily Living (functional screen)

Questions to ask the consumer (or the person who represents the consumer)¹.

I would like to ask you about some of the activities of daily living, things that we all need to do as part of our daily lives. I would like to know if you can do these activities without any help at all, or if you need some help to do them, or if you can't do them at all. The questions refer to how you are managing at the moment.

Item	Question	Score	Record score
1	Can you do your housework...		
	Without help (can clean floors etc)?	2	
	With some help (can do light housework but need help with heavy housework)?	1	
	Or are you completely unable to do housework?	0	
2	Can you get to places out of walking distance...		
	Without help (can drive your own car, or travel alone on buses or taxis)?	2	
	With some help (need someone to help you or go with you when travelling)?	1	
	Or are you completely unable to travel unless emergency arrangements are made for a specialised vehicle like an ambulance?	0	
3	Can you go out for shopping for groceries or clothes (assuming you have transportation)...		
	Without help (taking care of all shopping needs yourself)?	2	
	With some help (need someone to go with you on all shopping trips)?	1	
	Or are you completely unable to do any shopping?	0	
4	Can you take your own medicine...		
	Without help (in the right doses at the right time)?	2	
	With some help (able to take medication if someone prepares it for you and/or reminds you to take it)?	1	
	Or are you completely unable to take your own medicines?	0	
5	Can you handle your own money...		
	Without help (write cheques, pay bills etc)?	2	
	With some help (manage day-to-day buying but need help with managing your chequebook and paying your bills)?	1	
	Or are you completely unable to handle money?	0	
<p>Do not ask the following 2 questions if the consumer scored 2 on all of the above 5 items. Instead, for clients who scored 2 on all of the above items, record a score of 9 on each of the following 2 items.</p>			
6	Can you walk...		
	Without help (except for a cane)?	2	
	With some help from a person or with the use of a walker, or crutches etc	1	
	Or are you completely unable to walk?	0	
7	Can you take a bath or shower...		
	Without help?	2	
	With some help (eg, need help getting into or out of the tub)?	1	
	Or are you completely unable to bathe yourself?	0	

NOTES:

- If unanswered, score X.
- Rate what the person is **currently capable** of doing rather than what they actually do. In assessing capability, take into account not only physical function but also cognition (such as problems caused by dementia or an intellectual disability) and behaviour (such as unpredictable challenging behaviour). Consumers able to complete a task with verbal prompting should not be rated as independent (and therefore should be rated as a 1). In rating an item that is irrelevant (for example, the person has no shops in the vicinity or does not use any medications), rate based on what the person would be capable of doing if the item was actually relevant to their situation.
- Item 6 (walking). Clients who are in a wheelchair should be rated as (1) if they are independent including corners etc or (0) if they are not wheelchair independent.

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PCP Initial Needs Identification FUNCTIONAL PROFILE

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Questions for you to complete

Complete the following based on all information available to you – your judgement based on interviewing or observing the client, information contained in a referral letter, consumer notes or information provided by a proxy respondent, such as a friend, relative, carer or referring agency.

Note that the consumer should not be asked to answer these questions.

Item	Question	Record score
8	Does the person have any memory problems or get confused?	
	No – score 2	
	Yes – score 0	
9	Does the person have behavioural problems for example, aggression, wandering or agitation?	
	No – score 2	
	Yes – score 0	

Recommended functional assessments based on this functional screen

Domestic

Look solely at items 1 to 5. Count the number of these items that scored 2. Refer for a domestic functional assessment if the count is 2 or less (a count of 0, 1 or 2).

Self-care

Refer for a self-care functional assessment if the consumer SCORED LESS THAN 2 on either Item 6 (mobility) or Item 7 (bathing).

Cognition

Refer for a cognitive assessment if:

- the consumer scored LESS THAN 2 on either Item 4 (medicine) or Item 5 (financial management) AND you have determined that the consumer has no physical disabilities or problems with English literacy that may account for the consumer not being independent on these items OR
- the consumer scored 0 on Item 8.

Behaviour

Refer for a behavioural assessment if:

- the consumer scored LESS THAN 2 on either Item 4 (medicine) or Item 5 (financial management) AND you have determined that the consumer has no physical disabilities or problems with English literacy that may account for the consumer not being independent on these items OR
- the consumer scored 0 on Item 9.

Comments

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PCP Initial Needs Identification HEALTH BEHAVIOURS

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Smoking

- Never smoked
- Has quit smoking
- Currently smokes

If quit, record when _____
Consider referral if currently a smoker

Alcohol

How often do you have a drink containing alcohol?

- Never *If never, proceed to next section*
- Monthly
- Once a week
- 2-4 times per week
- 5+ per week

How many standard drinks do you have on a typical day when you are drinking?

How often do you have more than 6 standard drinks on one occasion?

- Never
- Monthly
- Once a week
- 2-4 times per week
- 5+ per week

Consider referral if alcohol consumption is an issue

Breast Screen

Yes No

If yes, record date or year _____

Pap Smear

Yes No

If yes, record date or year _____

Nutritional risk screening tool

These questions may not apply to all (eg those with particular conditions or lifestyles). If a question has already been

answered in a previous section, record a score based on the previous answer.

- Obvious underweight-frailty?
- Unintentional weight loss?
- Reduced appetite or reduced food and fluid intake?
- Mouth or teeth or swallowing problem?
- Follows a special diet?
- Unable to shop for food?
- Unable to prepare food?
- Unable to feed self?
- Obvious overweight affecting life quality?
- Unintentional weight gain?

OUTCOME:

YES to one or more questions means that nutritional risk exists

Nutritional risk increases when the person is affected by an increasing number of general needs assessment factors. In particular, deterioration in health and loss of independence can result from undernutrition and perhaps malnutrition.

Physical Activity

Would you accumulate 30 minutes or more of moderate intensity physical activity on most days of the week?

Yes No

Consider referral if 'no'.

Physical fitness

During the past 4 weeks...what was the hardest physical activity you could do for at least 2 minutes?

- Very heavy (for example) run, fast pace; carry a heavy load upstairs or uphill (25 lbs, 10 kg)
- Heavy (eg) jog, slow pace; climb stairs or a hill at moderate pace
- Moderate (eg) walk, medium pace; carry a heavy load level ground (25 lbs, 10 kg)
- Light (eg) walk, medium pace; carry a light load on level ground (10 lbs, 5 kg)
- Very light (eg) walk, slow pace; wash dishes

Consider both Activities of Daily Living and need for referral if response is 'light' or 'very light'.

Comments, including other relevant issues (eg, other substance use, safe sex practices)

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