

ISEPAC PERSONAL CARE SUMMARY

This form is to be used when referring to Local Councils or ISEPAC for personal care when there are no nursing needs. It needs input from Nursing or Occupational Therapy.

ISEPAC fax: 8520 5255

Date of Report:

Estimated Discharge Date:

Nurse's /OT's Name

Ext No

Nursing Needs

Does the patient have any identified nursing needs that would affect the provision of personal care (eg pain management; wound care; skin at risk; unstable health condition; continence management)? Yes/No (please circle)

If yes, refer to RDNS rather than a personal carer.

Mobility Status

Independent Needs assistance
 Gait aid

Weight bearing status full/partial/non
(Please circle)

Current Limitations

None Hip precautions Other
(eg: brace, cognitive or sensory impairment)

Washing and Drying (on discharge will need assistance – specify)

with set up with lower limbs with hair washing with transfers
 all aspects
or
 supervision/standby assistance only or no help needed

Dressing (on discharge will need assistance – specify)

with set up with lower limbs with buttons/fasteners all aspects
 other
or
 supervision/standby assistance only or no help needed

Home Setup

shower recess shower stool/chair shower lip small/large (please circle)
 shower over bath bathboard rails handheld shower hose

Other Comments: O.T. Home Visit No