CLIENT DETAILS

SSD Ref: 493524 NRC Ref:

NI No:

Health Ref:

Mrs

Gladys Richards

Details Confidential:

Lives Alone:

Glen Heathers Rest Home

Code A

Phone (day): 01705 Code A (evening):

FAX:

Date of Birth: Code A

Gender: F

Main Language: English

Ethnic Origin: Unable/Refused Inflo

Religion: Unable/Refused Info

Caution:

Concern:

MAIN CARER

Gladys

Richards

n Carer:

Carriar markenzie

## Code A

Phone (day):

(evening):

FAX:

Date of Birth:

Gender:

Other Details:

Relationship to Client:

Next of Kin:

Living in Same House as Client:

of Cope Bordield.

Gladys

Richards

NEXT OF KIN & GP

of Kin:

Code A

Code A

Code A Phone (day): Code A

(evening):

Relationship to Client: Daughter

GP:

J Bassett

Lee On Solent Health Centre

Manor Way Lee On Solent Hants

PO13 9JG

Phone: 01705 553161

Other:

Email:

Fundholder:

Code A

FAX: Gender: F

17 8.98 Doctors

FAX:

Referred By: Name: Lt. Shepherd

Address: E6 Ward

Haslar Hospital

Gosport

Post Code: PO12 2AA

Phone: Ext. Code A FAX:

Email:

Referral Source: Hospital Team-In Patients Is the Client Aware of this Referral?: Y (Y/N)

Received By: Name: Margaret Masters

Date: 04/08/1998 Time:

Office: Haslar Hospital

Method: Telephone(Internal / External)
Nature of Request: Care Management Assessment

Presenting Problem: Illness

Gladys Richards RISK ASSESSMENT Screen 1 of 3

If the answer to questions 1,2,3,6 or 8 is 'YES' then individual is likely to be in an 'At Risk' situation.

1. Is the person without anyone living nearby whom they can rely on/call for help in an emergency? (Y/N)

2. Does the person have a history of falls or a fear of falling? (Y/N)

3. If there is a friend/relative who makes a substantial (Y/N) contribution to care, is this carer under:

a) physical strain? (Y/N)
b) emotional strain? (Y/N)

c) wishing to withdraw? (Y/N)

d) in conflict with the person? (Y/N)

Gladys Richards RISK ASSESSMENT Screen 2 of 3

ias the person within the last two years:
 lost someone they cared about through death, moving, or
 placement in residential or other long term care?
b) been in psychiatric hospital?
c) been in general hospital?
d) given up their accommodation and moved in with
 family/friends or others?
 (Y/N)
 family/friends or others?

5. a) Is the person unable to get outdoors on their own with aid? (Y/N) b) or without aid? (Y/N)

6. Does the person:

a) seem confused?
(Y/N)
b) seem forgetful?
(Y/N)
c) have delusions or hallucinations?
(Y/N)
d) have mood changes?
(Y/N)
e) exhibit bizarre behaviour?
(Y/N)
f) If yes to any of these, does this put them or others at risk?
(Y/N)

Gladys Richards . RISK ASSESSMENT Screen 3 of 3

7. a) Do you think the person has problems with incontinence? (Y/N) b) or with personal hygiene? (Y/N) Please Specify:

- 8. Is the person failing to take care of themselves in important ways i.e personal care/eating properly/keeping warm/taking medication? Please Specify:
- 9. Does the person need any more help during the day/evening/night? (Y/N) Please Specify:
- 10. Is the person's hearing unsatisfactory even with a hearing aid? (Y/N)
- 11. Is the person's sight unsatisfactory even with glasses? (Y/N)
- 12. Is the person caring for someone else? (Y/N)

Gladys Richards COMMUNICATION NEEDS

A

there any communication needs? (Y/N)

Notes:

Gladys

Richards

ASSESSMENT INFORMATION
Screen 1 of 5

N Identified at this Stage:

Mrs. Richards was admitted to E6 Ward, Haslar Hospital, on 30th July, 1998, with a # (R) Neck of femur.

She has been referred to GWMH who have agreed to take her for a two week period of convalescence when she is ready for discharge from Haslar. Prior to admission Mrs. Richards was resident at Glen Heathers Rest Home, but her daughters are requesting advice regarding alternative placement. They are not happy with the care their mother was receiving at Glen Heathers, in particular with regard to medication which was being administered which appeared to make her unresponsive for about 6 weeks prior to admission to Haslar. Since being in hospital the medication has stopped and Mrs. Richards has now "perked up". Lt. Shepherd, referrer, states that, at present, Mrs. Richards is confused post operatively and has poor mobility, although this is likely to improve.

To be referred to O/T. Stirling Screening to be signed by daughter.

Barthel score: 2, but will improve.

MM - 4.8.98.

Gladys Richards

ASSESSMENT INFORMATION Screen 2 of 5

Brief Summary of Circumstances:

Gladys

Richards

ASSESSMENT INFORMATION Screen 3 of 5

Referrer's View of Degree of Risk/Urgency and Why:

Gladys

Richards

I diate Action Taken:

ASSESSMENT INFORMATION Screen 4 of 5 Gladys

Richards

ASSESSMENT INFORMATION
Screen 5 of 5

Further Action to be Taken:

Gladys

Richards

MANAGERS COMMENTS/ SPECIAL CIRCUMSTANCES

Details:

Gladys

Richards

DATA PROTECTION

Ha this information been verified by the client and/or their representative?

(Y/N)

Is the client aware that information on this form is computerised and may be used for Social Services purposes and will only be disclosed on a confidential basis?

(Y/N)