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Hampshire COUNTY COUNCIL

AF/11/C/40

Screening For Community Care Services (Older People)

Ref No:

Name: Gladys Richards Ethnic Origin: British Date of Birth: Code A Age: 91

Address: Code A Date of Screening:

Post Code: Tel: Reason for Screening:

G.P. Place of Screening:

STIRLING SCREENING SCALE

(Score 1 point for every yes ticked. See notes for guidance)

Yes No Don't Know

- 1. Is the person without anyone living nearby on whom they can rely/call for help in an emergency?
2. Does the person have a history of falls or a well founded fear of falling?
3. If there is a friend/relative who makes a substantial contribution to care, is this person under physical or emotional strain?
4. Has the person within the last 2 years:
a) Lost someone he/she cared about through death, moving or placement in residential or other long term care?
b) Been hospitalised?
c) If the person lives with others has he/she given up his/her house and moved in with family/friends or others?
5. Is the person unable to get about out-doors on his/her own (even using stick/zimmer or other aid)
6. a) Is the person confused or forgetful about things?
b) If yes does this put him/her or others at risk?
7. Do you think the person has problems with incontinence?
8. Is the person failing to take care of him/herself in important ways, i.e: Personal Care/Eating Properly/Keeping Warm
9. Does the person need any more help during the day, evening or at night?

TOTAL

ADDITIONAL INFORMATION

- Is the person's hearing satisfactory with or without a hearing aid?
Is the person's sight satisfactory with or without glasses?
Does the person regularly take prescribed medicine from their doctor?
If yes do they understand how and when to take them?
Is the person a carer?
Is the person's housing suitable for their needs?
Are there any community services involved at present?
If yes please specify

SUMMARY

Patient is a resident at Code A Nursing home in Code A. Daughters are not happy with the care being provided and would like some advise on how to move mum to another home.

Data Protection Act 1984/Access to Personal Files Act 1987/Access to Health Records Act 1990

The person should be made aware that the information supplied on this form may be computerised and will only be disclosed on a confidential basis.

Signature: Screener's Signature

Screener's Position Name Base Tel No

Agency represented Social Service Dept Community Health GP Practice Housing Other

Office Use Only: Received from: Date:

Sent to: Date: