



Referral Assessment Form

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Scope	Residential Centre Pre Admission
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Review & Oversight	Chief Operations Manager Board of Directors
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Complete this Form as comprehensively as possible.

This form must be filled in by the referring professional to outline the needs of the proposed service users before consideration can be made as to the suitability of the individual for residential respite in Clochan House in consultation and with the consent of the individual being referred.

All information given will be protected under the Data Protection Act 1988 /2003 and GDPR 2018.

Name of Individual for Respite.....

Address:.....

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Contact telephone number:

Physical/Sensory Disability:

Date of Birth:

Person Centred Plan T2 O5 PL 01.1





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ACTIVITIES OF DAILY LIVING

1. Communication (Please circle which applies)

Visual : Visual impairment Full/ Partial	Prosthetic eyes	Reading Glasses	Visual aids for computers
	Use of cane	Use of guide dog	
Speech: Speaks English	Speaks other language	Slurred	or clear speech
Stammer	Written messages	Typed Messages	Picture cards needed
Hearing: Hearing aids rt/lt.	Sign language	Lip reading	Raise Voice
Comprehension: Compos Mentis	Confused	Forgetful	Aggressive
RISKS IDENTIFIED:			

2. Breathing

Self-ventilating	Nebulisers, Inhalers
Shortness of breath on exertion	Oxygen Therapy
Night time:CPAP/nippy machine	Tracheostomy
RISKS IDENTIFIED:	

3. Washing and Dressing

Washing:	Shower	Basin flannel & water	Bath	Independent Supervision
How often?	Daily	Alternate days	Weekly	Minimal assist or prompt
Time? Am/Pm				Full assistance
Mobility Walks independently		Assisted walk	Transfer needed	Wheelchair Hoist
Aids:	shower chair	modified cleaning brushes		
Toiletries:	soap	deodorant	powder	shampoos
Grooming:	Independent	Assistance	facial hair wet/dry	dental hygiene
Dressing:	Independent	Partial assistance required		Full assistance
		Cultural dressing		NB*Nail/foot care file nails independent or refer to podiatry/chiroprody service
RISKS IDENTIFIED:				



4. Pressure Area and Skin Care

Waterlow score:	Low risk	Medium risk	High risk
Pressure relief aids:	Mattress	Cushions	
Pressure area relief regime	Yes/No	Frequency	Assistance required with manoeuvre
Repositioning in bed/ chair			Skin care, emollient cream to dry areas/ prescribed creams
Pressure sores at present?	Yes/No		
Identify who PA reports to if problem arises with skin integrity			
RISKS IDENTIFIED:			

5. Elimination

Bladder elimination	Continent	Incontinent	Catheter in situ
Dependence level		Independent	Partial Assistance Full assistance
Bowel elimination	Continent	Incontinent	Colostomy
Toilet	Urinal		Peristeen system
Dependence level		Independent	Minimal Assistance Clothing adaptations
Toilet	Commode		Post elimination hygiene Prompts
RISKS IDENTIFIED			

6. Eating and Drinking

Preparation of meals:	Independent	Assistance :	Partial	Full
Feeding :	Independent	Assistance:	Partial	Full
Prefers eating in	Kitchen	Living room	Bedroom	Outdoors Restaurant
Type of diet:	normal	Special diet:	high fibre	Aids required: Modified cutlery or crockery
soft	puree	diabetic	coeliac	Clothing protector
liquidised	added thickener	high calorie	fortified	
RISKS IDENTIFIED:		Low salt		Altered Table top Plate/Clock description
		cardiac/renal		



7. Mobilisation

Walking independently Steady alone or supported Unsteady gait Ataxic	Aids for Independence: Walking sticks Frame Crutches Rollator	Wheelchair user full time/part time
Assistance needed in	Standing Sitting Lifting	Bending Reaching
Mobility aids bed/wall rails	hoists slide sheets	gait belt transfer board turntable
Mobility - transport RISKS IDENTIFIED:	Own car Can drive Needs driver	Motorbike bicycle tricycle

8. Working and Playing

Transportation to work/college and return home	Workplace assessment using ADLs as above
Areas of play enjoyment fulfilment for Leader RISKS IDENTIFIED:	Refer to Activity List: table quizzes, luncheons, clothes shopping, trips to library, cinema

9. Sleeping

Usual time to rise: Bedroom Door Open Closed (Night duty- check ins explained: Y/N) RISKS IDENTIFIED:	Usual time to bed: Preferred 'Wake up' call time: Window Open Closed Blinds/Curtains Open Closed	Daily rest times: Pillows/Duvets/Blankets Ear Plugs Eye Covers Bedroom Lights On Off Bathroom Lights On Off
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10. Domestic Needs

Grocery Shopping Weekly Daily	Ironing	Hanging up clothes
Cooking- Meal Prep	Hoovering	Washing Clothes
Finance: Option chosen for Monies/Property	Banking/Credit Union	Up Keep of Room
	Pay Bills/ Collection Pension	Gardening
RISKS IDENTIFIED:		

11. Social and Human Needs/Dreams/Goals

Frequency of visits from family/friends:	Hobbies/Interests:
Visits to family/friends :	Religious/Spiritual interests:
Expressing Sexuality:	Future Dreams:
Goals for my PA Service:	My weakness:
My Strengths:	Interest in Learning/Education:
RISKS IDENTIFIED:	



12. Maintaining a Safe Environment

Primary Risk Assessment

<p>Summary of potential risks Identified for Clochan House Service User</p> <p>Level of risk</p> <p>Action needed to reduce risk</p>	<p>Potential risks Identified for Respite Assistant specific to this Guest</p> <p>Level of risk</p> <p>Action needed to reduce risk</p>
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13. End of Life Care

End of life preference discussed at this time	Y/N
<p>Wishes expressed:</p>	

Signed by Leader:

(PRINTED NAME)

(Signature)

(Date)

Signed by Referring Professional

(PRINTED NAME)

(Signature)

(Date)