





Actions Overview

Personalised Health Check

Client		- 1		
Date/time				
Referral:		Q	x Clear	
Rockwood F Score:	railty	(no data)		
		access the Rockwood Frailty Score		
Lives alone:	٧	○ Yes ○ No		
Partner:				
Name			Contact	Number
NOK:		(no data)		
Lifeline:	٧			
Support:	٧	Please Select ➤		
Additional D	etails	: V		
0:44:	,			
Situation:				

	1.
V	
Background: V	$\overline{}$
	1.
Assessment	
Cognition: V	
Sognition.	
Maria 200 200 Aller (1-2-20) Aller (_/,
Mini ACE SCORE:0/30; Attention=0/4; Memory=0/7; Memory Recall= 0/7; Fluency 0/7; Visual spatial=0/5.	
Behaviour: (including: aggression, agitation, restlessness, wandering)	
	10
Psychological & Emotional: (including: hallucinations, delusions, motivation, thoughts)	
r sychological & Elliotional. (Including, handelitations, delasions, motivation, thoughts)	

			1.
Mood: V			
			1.
Sleep: V			
опер.			
			/.
Domestic Abuse Disclosure:			
Domestic Aduse Disciosure:			
			1.
Any recent changes to medications?			
		Data recorded	
Acute Medication and Repeat Medication		Date recorded	
Medication V	V		
Medication V managed by:	Cognitive		
	Review:		

Medical/Physical Concerns today:	
Please click here to access Medication Management form	
Appetite / Weight change / Fluid intake:	
Appetite / Weight Ghange / Flata Intake.	
	1.
Continence V Oyes ONo	
concerns.	
Please click here for Bowel Continence Assessment Form Please click here for Urinary Continence Assessment form	
nfection History:	
	1.
Mobility / Aids / Assistive Technology:	
	1.

At risk falls: V	○ Yes ○ No	
Falls V assessment	Please Select ✔	Please click here to access Equipment form
Lasting Power Attorney	(no data)	
Please click here t	o access Capacity contacts form	
Communication	& Speech Difficulties:	
Eyesight:	(no data)	
Hearing:	(no data)	
Speech:	(no data)	
Please click here t	o access Communication needs form	
Daily Activities:	V	
Cognitive and So	cial Groups:	
		<i>/</i> e
Personal History	: (no data)	Driving Status:

Please click here	to access the Personal & Family History Form:	
Carer's emergency card	v _	Attendance allowance
Carer's allowance	v 🗆	Carer's V grant
Council Tax reduction	v 🗆	Blue V Badge (parking)
Carers support service	v	Memory ∨ cafe/support □ groups
1-1 Activities/suppo	vrt	Meals on
Carer Perspect	ive	
Evidence of care	er burden / stress?	
Carer Physical h	nealth issues describe:	

GP Action Request:	
or Action Request.	
PCDP Plan - to include follow up/discharge to DA:	
PCDP Plan - to include follow up/discharge to DA:	