

Assessment of Need/De-registration

Name of service user__

Address__

D.O.B

Date of Assessment

INTRODUCTION -

1. Health

Health – medical history (including mental health):

March health update

- Past and Current health – action plan

- Is there a hospital passport

- Ongoing treatment and/or health app to include

- Psychiatrist

- Any psychology input – psychological needs – CB – any BAIT involvement

| Medicine name | Start date | Name of prescriber | Reason for prescribing | Method of administration | Side effects |
|---------------|------------|--------------------|------------------------|--------------------------|--------------|
| | | | | | |

- Over the counter medication
- non
- Continence – assessment/needs – skin integrity
- Mobility needs – transport issues – mobility car?/Dexterity/Aids and Adaptations

Factors to lessen eating problems

- Aids and adaptations – current/future needs
- Links to housing needs O/T assessment
- S.A.L.T involvement – what dietary needs?
- Physiotherapy intervention

2 . Person and relationships

Person – relationships that are important to the person:

- Likes/dislikes

1.

| Day/other non structured | Activity | Comments |
|--------------------------|----------|----------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Social Circumstances

Physical environment

- Religious/cultural needs –
- PCP – has this been completed? –
- What are his strengths/abilities?
- assessments

3. Finances

- Deputyship/appointee
- Use of Personal Budget
- Costed service
- Any non costed

- Background – history

- Family circumstance – significance

- Telecare – potential use of

- CHC – if so what has been agreed 100% or shared

- Current housing situation

- Advocacy

4. Communication needs

Hearing:

Visual:

Speech

Other:

5. Capacity Assessment

- Deputyship in place – who?

Method of assessment

- L.P.A –
- Has capacity assessment been completed in the past?

6. Carer's views

7. Client's views

8. Risk Assessment/positive risk management

9. Crisis & Contingency

10. Outcome of Assessment

11. Management plan & promote independence, choice & social inclusion

12. F.A.C's critical need

13. Recommendations

Initial assessment carried out as above on the by

Passed on to social worker/care manager on the by