

RESIDENT'S ASSESSMENT

Resident's Name

Date of Birth

Gender

Address

PLEASE INDICATE Y / N in the column which describes the Resident's needs in each area.

Activity	No Assistance Required	Continuous Need	Details / Comments
1.0 DAILY LIVING ACTIVITIES			

Personal Hygiene

bathing / showering			
grooming			
personal hygiene (teeth cleaning, shaving)			

Continence

managing continence			
toileting			
continence aids			

Eating

eating			
eating aids			

Dressing

dressing			
undressing			
dressing aids			

Activity	No Assistance Required	Continuous Need	Details / Comments
1.0 DAILY LIVING ACTIVITIES (cont.)			

Mobility

ambulation (walking)			
transfers (moving between sitting / standing / lying)			
negotiating stairs			
mobility aids (wheelchair / frame/ cane)			
use of safety devices (e.g. handrails)			
use of transport			

Communication

assistance to address difficulties			
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Activity	No Assistance Required	Continuous Need	Details / Comments
2.0 HEALTH NEEDS			

Cognition & Perception

Orientation			
Memory			
Wandering			
Personal safety (use household appliances /emergency response/stranger treatment)			

Health Issues

Taking medication			
Other regular health needs (diabetics, wound dressings, nebuliser, epilepsy)			
Personal injury (ability to attend to minor first aid and/or seek assistance)			
Medical (ability to recognise need for medical intervention and initiate assistance)			

Administration of Medication

☐ The Resident is capable of self-medicating, including ordering, receipting, storing and administering of medication

OR

☐ The Resident is not capable of self-medicating and requires assistance with ordering, receipting, storing and the administration of medication including restricting access to medication.

PRACTITIONER'S SIGNATURE

I certify that this Resident requires continuous assistance with above assessed care services.

Resident's Name

Practitioner

Provider No.

Signature

Date

Note: to meet the requirements for services to be GST free, a Resident must be assessed as needing, on a continuous basis, either physical assistance or supervision / prompting with one of the services listed under Daily Living Activities.