

Doctor's assessment and Resident's diagnosis

Patient's name _____ ID No. _____

1. Medical History & Diagnosis _____

2. Communication Abilities _____

3. Psychological State: Fully Oriented Occasionally Confused Confused Disoriented

4. Behavioural State: Good Apathetic Aggressive Wandering

5. ADLs (Activities of Daily Living): Independent Assisted Dependent

6. Social Situation: Lives Alone Lives with Someone Else

7. List of Medications _____

8. Modified Barthel Index Score: _____ 9. Mini Mental State Score: _____

10. Waterlow /Braden Scale: _____ 11. Ulcers: Yes No

12. Dietary recommendations: _____

13. Deafness: Yes No Blindness: Yes No Amputation: Yes No

14. Other Relevant Information (include other clinics / services used)

Name & Surname (Doctor)

Medical Council Number

Signature (Doctor)

Date _____