

Client Reviews

Client name:

Address:

Date:

	Yes	No	N/A
GOALS and CONSENT			
Is the clients consent current? Less than 12 months?			
Has the person made progress towards their goals?			
Are the strategies still relevant?			
What would work better?			
Are the services still relevant?			
Has the person expressed any life areas they would like to change, improve?			
CLIENT - HOME	Yes	No	N/A
Have there been any changes to living arrangements ie people, pets?			
Any concerns about elder abuse?			
Has the person exhibited any risk behaviour ie leaving gas on?			
CLIENT - SOCIAL	Yes	No	N/A
Has the person maintained contact with family, friends?			
Is the person spending the same amount of time socialising or following interests? If not why not?			
Does the person say they are happy with their current level of social activity?			
Does the person seem to be generally coping?			
Is the person a member of a community group? What group/s			
OH&S	Yes	No	N/A
Grampians Home Safety Checklist current, within 12 months?			
Were there any recommendations and have they been completed?			
Is the home safe to work in?			
Is the Equipment audit current, within 12 months. Is the equipment in good working order & relevant?			
Are you treated with courtesy & respect?			
Is the client willing to update equipment when necessary?			
Any other information:			

ACTIVITIES OF DAILY LIVING	Improved	Declined	Same
*Markers of Decline; If you have identified signs of decline please complete Request for Review and/or the Allied Health referral [see attached] to raise the concerns.			
Decision making & memory*			
Ability to get out & shop*			
Changes to driving ability or frequency of driving*			
Mobility*			
Ability to prepare meal*			
Ability to manage affairs eg banking, pay bills*			
Manage personal care & hygiene*			
Self-confidence*			
Nutrition	Improved	Declined	Same
Has the client lost weight in the last 6 mths without trying*			
Has the client been eating poorly because of a decreased appetite* [$<3/4$ meals]			
Continence	Improved	Declined	Same
Urine or Faeces stained clothing*			
Odour of urine or faeces in the home*			
Wet bed*			
Using continence pads with little success*			
Medication	Improved	Declined	Same
Can the client afford their medication*			
Can the client manage their medication pack*			
Is there medication in the right place, eg not on floor, cupboards*			
At risk of homelessness			
Has the client shown signs of concern with paying their rent, mortgage or rates?*			
Are they at risk of having their utilities cut off*			
Has the client got unopened bills lying around*			

COMMENTS:

What are we pleased about? Or what is working well?

What are we concerned about?

Staff member:

Date:

Role:

Signature: