

## **Personal Information**

- Full Name:
- Date of Birth:
- Address:
- Contact Details:
- Emergency Contact:
- Preferred Language:
- Cultural Preferences:

## **Health and Medical Background**

- Primary Health Conditions:
- Current Medications:
- Known Allergies:
- Recent Hospitalisations:

## **Mobility and Daily Living Needs**

- Assistance with Personal Care (e.g., bathing, dressing):
- Mobility Support (e.g., walking, transferring):
- Meal Preparation and Dietary Preferences:
- Medication Management:
- Toileting Assistance:

### **Social and Emotional Well-Being**

- Preferred Social Activities:
- Hobbies and Interests:
- Emotional Support Needs:
- Communication Preferences:

### **Home Environment and Safety**

- Home Safety and Accessibility:
- Assistive Devices Used:
- Special Accommodations Needed:
- Cultural Considerations in the Home:

### **Communication and Decision-Making**

- Communication Ability (e.g., verbal, non-verbal):
- Preferred Communication Style:
- Decision-Making Capacity:
- Advance Care Planning Preferences:

### **Additional Information**

- Any Specific Comments or Concerns:

### Consent and Authorisation

- Consent for Domiciliary Care Services:
- Emergency Medical Information Release Consent:
- Acknowledgment of Privacy Policy:

### Declaration

I confirm that the information provided in this assessment is accurate to the best of my knowledge and will be used to determine my eligibility and preferences for care services.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Next Steps

- Assessment Date:
- Assessor's Name:
- Care Plan Discussion Date:
- Care Provider Details: