AGED CARE ASSESSMENT FORM

Client Information:

Full Name: _____

Date of Birth: _____ Gender: _____

Address: _____

Phone Number: _____ Email: _____

Referrer Information:

Referrer Name: _____

Organisation: _____

Phone Number: _____ Email: _____

Assessment Details:

Purpose of Assessment: _____

Assessment Type: _____

Assessor Name: _____

Assessor Role/Position: _____

Functional Assessment:

- Mobility (e.g., walking, wheelchair use): _____
- Personal Care (e.g., bathing, dressing): _____
- Communication (e.g., speech, understanding): _____
- Cognition (e.g., memory, decision-making): _____
- Social Interaction: _____
- Nutrition and Hydration: _____
- Continence Management: _____
- Medication Management: _____
- Behavioural Concerns: _____
- Other Relevant Functional Issues: _____

Health and Medical Information:

- Medical Conditions: _____
- Allergies: _____
- Current Medications: _____
- Recent Hospitalisations: _____
- Primary Healthcare Provider: _____
- Other Relevant Health Information: _____

Support Needs and Recommendations:

Assistance Required with Daily Activities: _____

Assistive Devices/Equipment Needed: _____

Suitable Accommodation Options: _____

Care Services Recommended: _____

Other Support Recommendations: _____

Consent and Declaration:

I declare that the information provided in this assessment form is true and accurate to the best of my knowledge. I understand that this assessment form will be used to determine eligibility and arrangements for aged care services in accordance with Australian laws and regulations. I consent to the collection, use, and disclosure of my personal information for the purposes of this assessment and subsequent care provision, as required under relevant privacy legislation.

CLIENT SIGNATURE

Signature: _____

Name (Print): _____

Date: _____

ASSESSOR SIGNATURE

Signature: _____

Name (Print): _____

Date: _____

PRIVACY NOTICE

This assessment form collects personal information for the purpose of assessing eligibility for aged care services. The information provided is protected by the Privacy Act 1988 (Cth) and other relevant laws. Your information will be handled confidentially, securely, and only disclosed to authorised persons or organisations involved in your care, unless required by law. You have the right to access your information and request corrections if necessary. For more information, please contact the organisation conducting this assessment.

Relevant Australian Aged Care Quality Standards:

- 1. Consumer Dignity and Choice
- 2. Ongoing Assessment and Planning with Consumers
- 3. Personal Care and Clinical Care
- 4. Services and Supports for Daily Living
- 5. Feedback and Complaints
- 6. Human Resources
- 7. Organisation Governance

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