Ardgowan Hospice Admission Assessment

Patient location: Home [ ] Hospital [ ] Other [ ]

Patient details:
Name.....
Address.....
.....
.....

DOB:..... CHI .... Hospice No.....

Diagnosis:.....

Referred by:.....Date:.....

Reason for Admission: (ring as appropriate)

***SC / Rehab. / Terminal care**

Degree of urgency:

Emergency/Urgent/Routine

Please answer the following questions by ticking the box next to the answer which you think most accurately describes the severity of the symptoms affecting the patient.

1 Pain
[ ] 0 None
[ ] 1 Slightly
[ ] 2 Moderately
[ ] 3 Severely
[ ] 4 Overwhelmingly

2 Other symptoms.....
[ ] 0 None
[ ] 1 Slightly
[ ] 2 Moderately
[ ] 3 Severely
[ ] 4 Overwhelmingly

3 Other symptoms.....
[ ] 0 None
[ ] 1 Slightly
[ ] 2 Moderately
[ ] 3 Severely
[ ] 4 Overwhelmingly

4 Other symptoms.....
[ ] 0 None
[ ] 1 Slightly
[ ] 2 Moderately
[ ] 3 Severely
[ ] 4 Overwhelmingly

5 Psychological/stress - **patient**
[ ] 0 None
[ ] 1 Occasionally
[ ] 2 Sometimes
[ ] 3 Most of the time
[ ] 4 Completely pre-occupied by Anxiety/worry

6 Psychological/stress - **family**
[ ] 0 None
[ ] 1 Occasionally
[ ] 2 Sometimes
[ ] 3 Most of the time
[ ] 4 Completely pre-occupied by Anxiety/worry

7 Performance Status
[ ] 0 Independent
[ ] 1 Minimal assistance
[ ] 2 Capable of self-care
[ ] 3 Limited self-care
[ ] 4 Totally dependant

8 Rate of deterioration
[ ] 0 Static
[ ] 1 Monthly
[ ] Fortnightly
[ ] 3 Weekly
[ ] 4 Daily

Care environment- Please ring as appropriate: [0] Suitable/[2] Of concern /[4] Unsuitable
*SC: Symptom control

Additional Information: (If in Hospital, please give details)

Total Score