HOME-BASED CARE REFERRAL
Confidential

REFERRED TO: _____

Category | 1 | 2 | 3 |

Hospital File No: _____

PERSONAL INFORMATION

CONSENT FOR HB CARE | YES | NO |

Name: _____

ADDRESS: _____

TEL NO: _____ FOLDER NO: _____

DOB/ID: _____ RELIGION: _____

LANGUAGE: _____ GENDER: | M | F |

NEXT OF KIN: _____ RELATIONSHIP: _____

ADDRESS: _____

TEL NO: _____

MEDICAL INFORMATION

DIAGNOSIS: _____

ALLERGIES: _____ BP: _____ PULSE: _____

WEIGHT: _____ REPORT ATTACHED | YES | NO | DISCHARGE DATE: _____

DISCHARGE MEDICATION: _____

HOME-CARE REQUIREMENTS (tick box)

☐ POST NATAL SUPPORT	☐ FRAIL CARE	☐ HELP WITH EXERCISE
☐ INFANT/BREAST FEEDING SUPPORT	☐ DEFAULTER TRACING	☐ ARV ADHERENCE
☐ DRESSINGS / WOUND CARE	☐ TB DOTS	☐ MENTAL HEALTH ADHERENCE
☐ PRESSURE CARE	☐ JOIN SUPPORT GROUP	☐ MENTAL HEALTH (ACT)
☐ CATHETER CARE	☐ MEDS AT SUPPORT GROUP	☐ IMCI
☐ INCONTINENCE CARE	☐ PALLIATIVE CARE	☐ NTP

FOR TB DOT CLIENTS:

DATE TREATMENT COMMENCED: _____ REGIME: _____

1ST SPUTUM DATE: _____ 2ND SPUTUM DATE: _____ FINAL SPUTUM DATE: _____

STOCK SUPPLIED: _____

PLEASE SPECIFY ANY ADDITIONAL INFORMATION NECESSARY: _____

_____ FOLLOW-UP DATE: _____

REFERRED FROM: _____

NAME: _____ SIGNATURE: _____

TEL: _____ FAX: _____ DATE: _____

CLIENT ASSESSMENT TOOL

ACTIVITIES OF DAILY LIVING			
1. MOBILITY		**6. DRESSING**	
MOVES WITHOUT HELP	1	ABLE TO HELP HIM/HERSELF	1
MOVES WITH HELP	2	NEEDS HELP	2
BEDRIDDEN, UNABLE TO MOVE WITHOUT HELP	3	UNABLE TO HELP HIM/HERSELF	3
2. TOILETING		**7. MEDICATION**	
ABLE TO HELP HIM/HERSELF	1	ABLE TO HELP HIM/HERSELF	1
NEEDS HELP	2	NEEDS HELP	2
UNABLE TO HELP HIM/HERSELF	3	UNABLE TO HELP HIM/HERSELF	3
3. WASHING		**8. DRESSING**	
ABLE TO HELP HIM/HERSELF	1	DRESSES AND UNDRESSES WITHOUT HELP	1
NEEDS HELP	2	DRESSES AND UNDRESSES WITH HELP / NEEDS REMINDER	2
UNABLE TO HELP HIM/HERSELF	3	UNABLE TO DRESS / UNDRESS	3
4. MOUTH CARE		**9. MEDICATION**	
ABLE TO HELP HIM/HERSELF	1	TAKES MEDICATION WITHOUT HELP	1
NEEDS HELP	2	REQUIRES HELP WITH MEDICATION	2
UNABLE TO HELP HIM/HERSELF	3	UNABLE TO TAKE OWN MEDICATION	3
5. SHAVING			
ABLE TO HELP HIM/HERSELF	1		
NEEDS HELP	2		
UNABLE TO HELP HIM/HERSELF	3		

MENTAL STATUS			
10. ORIENTATION		**13. COPING SKILLS**	
KNOWS TIME, PLACE AND PEOPLE	1	ABLE TO COPE WITH THEIR EMOTIONS	1
NEEDS HELP	2	REQUIRES HELP COPING WITH EMOTIONS	2
UNABLE TO TELL DATE, TIME OR PLACE	3	UNABLE TO COPE WITH EMOTIONS	3
11. MEMORY		**14. BEHAVIOUR**	
MEMORY GOOD / NO HELP NEEDED	1	NO DIFFICULT BEHAVIOUR	1
NEEDS HELP	2	SOMETIMES BEHAVIOURAL PROBLEMS	2
UNABLE TO TELL DATE, TIME OR PLACE	3	CONSTANT DIFFICULT BEHAVIOUR	3
12. ABILITY TO UNDERSTAND INSTRUCTION / COMPREHENSION			
ABLE TO UNDERSTAND WHEN ASKED TO DO SOMETHING	1		
NEEDS HELP TO UNDERSTAND / COMPREHEND	2		
UNABLE TO UNDERSTAND	3		

SCORE	CATEGORY	CATEGORY DESCRIPTION	HOME-BASED PACKAGE	TOTAL
0 - 14	1	INDEPENDENT	SCREEN, TRAIN FAMILY, REFERRAL TO OTHER DISCIPLINES / SUPPORT GROUPS	
15 – 28	2	REQUIRE MINIMUM ASSISTANCE	MODERATE HBC NEEDED	
29 - 42	3	REQUIRE MAXIMUM ASSISTANCE	INTENSE HBC NEEDED	