

Summary Sheet which could be used to record a holistic assessment and generate a problem list

Name of patient:										
NHS number:										
Date of birth:		Gender:		Divorced		Single		Widowed		
Lives: alone		spouse		other		Home (carers)		Care home:		
Other:										
Contact details (patient):					Contact details NOK/carer:					
GP Practice:										
Place of assessment:										
Date of assessment:										
Assessment performed by:										
Diagnosis:										
Multimorbidity (2 or more diagnoses): Yes / No										
Previous Medical history:										
Present complaints including appetite, sleep:										
Drugs:										
Allergies:										
Polypharmacy (4 or more drugs):			Yes		No					
Alcohol, tobacco, recreational drugs:										
Blood pressure:			lying		standing			Heart rate:		Respiratory rate:
FBC	Renal Function		LFT	Calcium	CRP	TFT	CXR	ECG	urinalysis	
Acute Kidney Failure:			Yes		No					
Other abnormal blood/urine/radiological tests:										
Mobility: independent		requires walking aids			requires assistance of others			immobile		Speed test (if applicable)
History of falls:		No		Yes: Acute fall			2 or more falls in prior 12 months		Difficult walking/balance	
Frailty assessment tool:			Score:		Frailty: Yes No					
Recent weight change: Increase			Loss (>5% of usual body weight in last year indicates positive screen)					BMI		
Change in appetite		Yes		No						
Swallowing difficulties:			Yes (describe)					No		
Dentition:										
Pressure ulcers: Yes (grade/area)						No				
Incontinence: Yes (urinary) (faecal) (double)						No				
ADL (Activities of daily living (e.g. Barthel): score										
Communication/sensory impairment: (speech, hearing/visual impairment/understanding)							No			
Mental health problem: Yes (diagnosis):						No				
Mood assessment (screening):										
1. During the last month, have you been bothered by feeling down, depressed or hopeless? Yes										
2. During the last month, have you been bothered by little interest or pleasure in doing things? No										
Cognitive impairment previously identified: Yes (diagnosis)						No				
Cognition formally assessed now:			Yes		No		Tool used/score:			
Trigger(s) requiring Mental Capacity assessment and for which decision-making (describe): Yes.....								No		

Capacity assessment outcome documented for a decision related to:	
CPR decision documented: Yes (Date last reviewed, or permanent):	No
Lasting Power of Attorney registered for: Health and wellbeing	Yes No
Lasting Power of Attorney registered for: Property and Finance	Yes No
Valid advance directive: Yes (details)	No
Active recipient of palliative care service: Yes	No
Socioeconomic assessment (details, e.g. lives alone, family support, no carers, housing problems):	
Safeguarding issues identified: Yes.....	No