

EAST AYRSHIRE COUNCIL
DEPARTMENT OF EDUCATIONAL AND SOCIAL SERVICES
SOCIAL WORK
Referral Form

Personal Details

Person's Name Mr Craig James Nimmo	Client ID 3015834	Date of Birth 18 FEB 1976
Address [REDACTED]	Other Names	Nat Ins No
Address Type Home Address	Live Alone? Y	Interpreter Needed? N
Telephone No. 07747 061 784	First Language English	
Ethnic Origin White	Marital Status Single	
Religion Not Known		
Main Client Category Limiting L/T Illness		

GP Frank Mcguire	GP Address Spotland Lodge Surgery (General Practice)(9673), The Surgery, 34 Portland Road, Kilmarnock, Scotland, KA1 2DL
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Hazard Identified

Relative William Nimmo	Address [REDACTED]	Relationship Father
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Contact Details

Method of Contact Telephone	Source of Contact Self
	Contact Telephone No
Date Of Contact 10 FEB 2006	Date Contact Referred 10 FEB 2006
Reason for Referral Community Care Assessment	Client Aware? N

Stated Issues

Receiving Team Admin - Balmoral Road	Receiving Worker Vicki Muir
Referral Outcome Com Care Ass/allocation	

Responsibility For Actions

To be completed by RS Team Leader/SW

Action Date	Action To
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Current Service Provision

Provider Cc - Ot Technician Service	Service Equipment-Shower-Board (4607)
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Reviews

Review Type	Review Due Date
--------------------	------------------------

Specialist Team Leader to Complete

Assessment Required (Y/N)	Key Worker Waddell, Kirsty
	Team Cc - Northern Area Locality
Comments	Date

Linda ✓

PROFORMA OT/SOCIAL WORKER/HOME CARE

ADMIN TO COMPLETE

Ref no: 3015834	Date of Referral: 10.02.06	G.P. Address: 34 Portland Road
Service user: CRAIG NIMMO	Date of Birth: 18.02.76	Copy referral:
Referrer: (state name and relationship to service user or profession) Self		
Does an Orange file already exist: Yes/No (No circled)		Location of File: _____
It is open to: _____		File requested date: _____

TEAM MANAGER TO COMPLETE

Date received by team: 28.02.06	Further information required:			NFA:
Acknowledgment letters to: (Please tick)	Service User: ✓	Relative/Carer:	Referrer:	GP: ✓
Allocated date: 17.07.06		Assessment due by date:		
Allocated worker:		Type of assessment: Specialist		
Team Manager comments: On allocation				Allocated on SWIFT <input type="checkbox"/>
Open Case file and pass to allocated worker/other. (Please specify)				
Team Manager comments: On closure				
Close Involvements to _____ /all involvements on SWIFT				
Close referral and services <input type="checkbox"/>		File to _____ / Closed case cupboard (please specify)		

East Ayrshire Council

Department of Educational and Social Services

CONTACT FORM

Date of Contact : 10-FEB-2006

Person Information

Name: Mr CRAIG JAMES NIMMO

Address :



SWIFT ID : 3015834

DOB : 18 Feb 1976

Nat Ins No : NINO

Key Worker :

Contact Information

Contact Source : Mr Craig James Nimmo

Telephone : 01563 528450

Method Contacted : Telephone

Reason For Contact : Service request - Occupational Therapy

T/c from above SU requesting assessment for a shower.

Receiving Worker : VICKI MUIR, ADMIN - BALMORAL ROAD

Contact Outcome

Outcome : Progress to Referral

EAST AYRSHIRE COUNCIL
DEPARTMENT OF EDUCATIONAL & SOCIAL SERVICES

PERSON DETAILS

SWIFT NUMBER : 3015834

Mr CRAIG JAMES NIMMO


KEY WORKER :

OT BATHING ASSESSMENT

DATE : 10-FEB-2006

10-02-06; Self referral, requesting the above.

23-02-06: Writer, contacted Mr Nimmo, single status, who lives alone, in EAC, 3 apartment, cottage housing - Stated that he was experiencing pain in lumber region, when negotiating existing bath facility; due to progressive O/Perosis, health condition, diagnosed in 2003 - Mr Nimmo, states that he is still mainly independent in mobility and ADL tasks; currently having his disability monitored as an outpatient at Western Infirmary, Glasgow - Mr Nimmo's father supports heavy shopping needs.

BENS CHECK: In receipt of I.S. (Incapacity Benefit). Previously DLA Appeal advocacy by Phil Rice, Welfare Rights Support Assistant, resulted in Mr Nimmo, withdrawing claim, in Aug, 2005.

SSA 1 COMPLETED BY WRITER.

PASSED TO RECEPTION ADMIN, FOR ALLOCATION TO EILEEN BRECHANY, TEAM MANAGER.

R.Morton, Support Assistant.

Modified By : RMORTON on 24-FEB-2006

EAST AYRSHIRE COUNCIL
DEPARTMENT OF EDUCATIONAL AND SOCIAL SERVICES
SOCIAL WORK
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Hazard Identified

Relative William Nimmo	[REDACTED]	Relationship Father	[REDACTED]
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Receiving Team Admin - Balmoral Road	Receiving Worker Vicki Muir
Referral Outcome	

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To be completed by RS Team Leader/SW

Action Date	Action To
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Current Service Provision

Provider	Service
-----------------	----------------

Reviews

Review Type	Review Due Date
--------------------	------------------------

Specialist Team Leader to Complete

Assessment Required (Y/N)	Key Worker ,
	Team
Comments	Date



East Ayrshire

Department Of Educational & Social Services
Enquiry To Reception

Personal Details			
Name	Craig Nimmo	SWIFT No (if applicable)	
Other Names (incl alias)		DOB	18/2/76
Address	[REDACTED]		
Previous Address(es)			
Telephone Contact	528450		
GP	Dr McGuire		
Special Requirements			

Contact/Referral Details	
Reason For Referral OT Asses for shower	
Client Category	
Referrer's Name	Self
Referrer's Address	
Tel Number	
Relationship	

Processed By	
Referral Forwarded To	
Date	

Department of Educational and Social Services
Council Office, 9 Balmoral Road, Kilmarnock, KA3 1HL
Tel (01563) 528011 Fax (01563) 554290



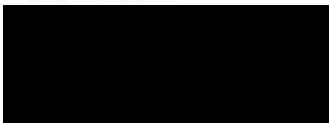
East Ayrshire
COUNCIL

Executive Director: John Mulgrew
Executive Head of Social Work: Jackie Donnelly
If calling please ask for: Eileen Brechany

Our Ref: EB/AS
Your Ref:
Date: 2nd March 2006

COPY

Mr Nimmo



Dear Mr Nimmo

Thank you for your referral to the Occupational Therapy Department for assessment.

You will be contacted in due course by the worker allocated to undertake the assessment.

In the meantime, should you wish to discuss the matter further, please contact me at the above address or telephone number.

Yours sincerely

pp Kirsty Waddell

Eileen Brechany
TEAM MANAGER
COMMUNITY CARE

Department of Educational and Social Services
Council Office, 9 Balmoral Road, Kilmarnock KA3 1HL
Tel (01563) 528011 Fax (01563) 554290



East Ayrshire
COUNCIL

Executive Director: John Mulgrew
Executive Head of Social Work: Jackie Donnelly
If Calling Please Ask for: Eileen Brechany

Our Ref: EB/AS
Your Ref:
Date: 2nd March 2006

COPY

Dr McGuire
Portland Road Surgery
34 Portland Road
Kilmarnock

Dear Dr McGuire

RE: Craig Nimmo, [REDACTED] D.O.B.: 18/02/76

A referral has been made to the Department of Educational and Social Services for assessment in respect of the above named person. The referral was made by Mr Nimmo.

Craig Nimmo will be contacted in due course with the name of the worker allocated to undertake the assessment.

In the meantime, should you wish to discuss the matter further, please contact me at the above address or telephone number.

Yours sincerely

pp Kirsty Waddell

Eileen Brechany
TEAM MANAGER
COMMUNITY CARE

EAST AYRSHIRE COUNCIL
DEPARTMENT OF EDUCATIONAL & SOCIAL SERVICES

PERSON DETAILS

SWIFT NUMBER : 3015834

Mr CRAIG JAMES NIMMO


KEY WORKER : KIRSTY WADDELL

OT Assessment

DATE : 21-JUL-2006

Home visit carried out today with Myra Hunter (OT at Crosshouse Hospital shadowing) in response to referral received from Mr Nimmo with regards to difficulties with bathing. Mr Nimmo has osteoporosis in his hip and back which was diagnosed in 2004. As a result he experiences pain and limited range of movement in his left hip. He also has eczema which he states is controlled by medication. Functional assessment completed. There is a bath currently in place. Mr Nimmo advised that he has difficulties lifting his legs over the side of the bath because of the problems in his hip. Through discussion it was agreed that an assessment with a shower board would be carried out. No additional difficulties were highlighted. Further visit arranged for Monday 24 July to assess with shower board. Kirsty Waddell OT.

Modified By : on

EAST AYRSHIRE COUNCIL
DEPARTMENT OF EDUCATIONAL & SOCIAL SERVICES

PERSON DETAILS

SWIFT NUMBER : 3015834

Mr CRAIG JAMES NIMMO


KEY WORKER : KIRSTY WADDELL

OT Involvement

DATE : 24-JUL-2006

Home visit carried out today as arranged to assess with shower board. No answer at door. As phone does not accept incoming calls, letter sent out to Mr Nimmo advising that writer will visit again on Wednesday 26 July. Kirsty Waddell OT.

26 July 2006

Home visit carried out today. Alton shower board was fitted and Mr Nimmo demonstrated safe transfers on and off this. Loan form completed. Mr Nimmo was asked to contact writer next week to advise on how he is managing with board. Kirsty Waddell OT.

Modified By : on

Department of Educational and Social Services
Council Office, 9 Balmoral Road, Kilmarnock KA3 1HL
Tel (01563) 528011 Fax (01563) 554290



East Ayrshire
COUNCIL

Director: Graham Short
Head of Social Work: Jackie Donnelly
If Calling Please Ask For: Kirsty Waddell

Date: 31 August 2006

COPY

Mr C Nimmo



Dear Mr Nimmo

I am writing to you with regards to the shower board that I provided for you a few weeks ago. As I have not heard of any difficulties you have been experiencing with this, I am required to close your case. If you require any assistance in the future please contact the department at the above number.

Yours sincerely

Kirsty Waddell
Occupational Therapist

Department of Educational and Social Services
Council Office, 9 Balmoral Road, Kilmarnock KA3 1HL
Tel (01563) 528011 Fax (01563) 554290

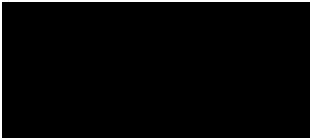


East Ayrshire
COUNCIL

Director: Graham Short
Head of Social Work: Jackie Donnelly
If Calling Please Ask For: Kirsty Waddell

Date: 24 July 2006

Mr C Nimmo



Dear Mr Nimmo

I visited your home this morning as arranged but did not manage to catch you in. I have therefore arranged to visit again on Wednesday 26 July at 2.00 to assess you with the shower board. If this is not suitable for you please contact me on the number above to arrange an alternative.

Yours sincerely

Kirsty Waddell
Occupational Therapist

Department of Educational and Social Services
Council Office, 9 Balmoral Road, Kilmarnock KA3 1HL
Tel (01563) 528011 Fax (01563) 554290



East Ayrshire
COUNCIL

Director: Graham Short
Head of Social Work: Jackie Donnelly
If Calling Please Ask For: Kirsty Waddell

Date: 17 July 2006

Mr C Nimmo



COPY

Dear Mr Nimmo

I am writing to you with regards to the referral you made to the Social Work department requesting an assessment in relation to difficulties you were experiencing with bathing. I have recently been allocated to complete the assessment and have provisionally arranged to visit you on Thursday 20 July at 10.30. If this arrangement is not suitable for you, please contact me on the number above so that an alternative can be arranged.

On Thursday a colleague of mine from the hospital is shadowing me. If you would not like her to be present during the assessment, please contact me.

Yours sincerely

Kirsty Waddell
Occupational Therapist

ASSESSMENT TRACKING SHEET

Name of Service User: _____

Craig Nimmo

Name of Worker: _____

Kirsty

Assessing Worker to Complete:

Paperwork Completed by Assessor:
(Circle Which Forms Have Been Completed)

SSA1

SSA2(a)

SSA2(b)

SSA3

SSA3(a)

SSA4

SSA5

SSA6

SPECIALIST
ASSESSMENT

CONSENT FORM

FA1

Assessment/Review start date:
Assessment/Review finish date:

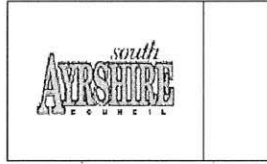
Special Instructions (re Billing, e.g. Billing Address)

Request for Billing Not To Be Backdated To Assessment Date, As Appropriate, Give Details

Line Manager's Agreement re Above

Admin to Complete:

	✓	DATE	INITIAL
Type Assessment (With the Exception of Specialist Assessment)	<input checked="" type="checkbox"/>	<u>25/07</u>	<u>AS</u>
Update SWIFT:			
Assessment Tab	<input checked="" type="checkbox"/>	<u>25/07</u>	<u>AS</u>
Needs Tab	<input checked="" type="checkbox"/>	<u>25/07</u>	<u>AS</u>
Planning Tab	<input checked="" type="checkbox"/>	<u>25/07</u>	<u>AS</u>
Plans Tab	<input checked="" type="checkbox"/>	<u>25/07</u>	<u>AS</u>
Service/Provision/Schedule Tab	<input checked="" type="checkbox"/>	<u>25/07</u>	<u>AS</u>
Review Tab	<input type="checkbox"/>		
Schedule Future Review if Appropriate	<input type="checkbox"/>		
Charging Letter Completed and Passed to Team Manager For Signing	<input type="checkbox"/>		
Charging Letter Sent to Service User	<input type="checkbox"/>		
Update Needs Assessed Spreadsheet	<input type="checkbox"/>		
Original Copy Placed in Service User File	<input type="checkbox"/>		



SSA1

Assessment of Need Core Information

Locality

Ref No

NI Number

CHI No

Care Group

B	A	L																	
3	0	1	5	8	3	4													
J	E	2	2	9	4	4	4	A											
3																			

Section 1: Personal Details

First Name(s) Craig James		Surname Nimmo		Previous Name / Alias	
[Redacted] (parent)		Present Address or Location (If different)			
[Redacted]		Tel: 01563 528450		Post Code	
Date of Birth: 18/02/76		Age: 29		Marital Status (See code list) Single	
Religion (See code list)		Practicing: Yes/No		Gender M <input checked="" type="checkbox"/> F	
Does the person being assessed have a sensory impairment Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Does the person being assessed require assistance with communication Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Has income been maximised? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Please explain: (If no, please comment):			
Incapacity Benefit Occupation: (present or previous) Incapacity		Next of Kin (name, address, telephone number) William Nimmo (Father) 18 Gateside Road, Galston Tel. 01563 829124			

Section 2a: G.P.

GP Name	Address	Tel. No.	Nature of Involvement
Dr McGuire	34 Portland Road, Kilmarnock	01563 522411	Medical Supervision

Section 2b: Other Agencies / Health or Social Services Staff involved

Name	Designation	Agency / Address	Tel. No.	Nature of Involvement
Dr McLelland		Western Infirmary &		Osteoporosis Monitoring
	Dietician	Crosshouse Hospital		Diet Monitoring and skin clinic

Section 3: Hospital Admissions

Hospital	Admission Date	Discharge Date	Reason for Admission
N/A			

Section 4 : Initial Referral Details

Date of Referral: 10/02/06	Date Allocated:	Target Date:	Date Completed: 24/07/06
Date Received: (By Team)			
Referral by	Self referral		
Reason for Referral	Mr Nimmo, single status who lives in EAC, 3 apartment, semi detached cottage housing is experiencing pain in lumber region when negotiating existing bath facility due to progressive osteoporosis health disorder.		

Section 5: Contacts (Please identify main carer, family members, significant friend / neighbours and keyholders)

Main Carer	William Nimmo	Next of Kin (if different)	
Address	18 Gateside Road, Galston	Address	
Relationship	Father	Relationship	
Tel No.	Home: 01563 829124 Work:	Tel. No.	Home: Work:
Keyholder (if different)		Significant Other:	
Address		Address	
Relationship		Relationship	
Tel. No.	Home: Work:	Tel. No.	Home: Work:

Section 6: Diary of Existing Support (include activities)

	AM	Lunch	PM	Tea Time	Evening	Overnight
S						
M						
T		Mr Nimmo is mainly independent				
W		in all daily living tasks				
T						
F						
S						

(Key Overleaf)

Home Care ((LA)	HC	Day Hospital	DH	CPN	CPN
Home Care (Independent)	HCI	Lunch Club	L	Private Carer	PC
Meals on Wheels	M	Health Visitor	HV	Neighbour	N
Day Care (LA)	DC	Relative	R	Friend	F
Day Care (Independent)	DCI	District Nurse	DN	CLDN (Community Learning Disability Nurse)	CLDN
Other	O				

SECTION 7: Current Housing / Living Situation

1. Members of Household

Name	DOB	Relationship
Craig Nimmo	18/02/76	Service User

Enter details of any pets in household:

N/A

2. Accommodation Type

Flat (multi-storey) <input type="checkbox"/>	Maisonette <input type="checkbox"/>	Bungalow <input type="checkbox"/>	Sheltered Housing <input type="checkbox"/>
Flat (tenement) <input type="checkbox"/>	Terraced <input type="checkbox"/>	Bedsit <input type="checkbox"/>	Residential <input type="checkbox"/>
Lower Cottage Flat <input type="checkbox"/>	Semi-detached <input checked="" type="checkbox"/>	Caravan <input type="checkbox"/>	
Upper Cottage Flat <input type="checkbox"/>	Detached <input type="checkbox"/>	Other <input type="checkbox"/>	

If "other", please specify: _____

3. Tenure

B&B <input type="checkbox"/>	Homeless <input type="checkbox"/>	Local Authority <input checked="" type="checkbox"/>	Rented/Private <input type="checkbox"/>
Group Tenancy <input type="checkbox"/>	Housing Assoc. <input type="checkbox"/>	Owner Occupied <input type="checkbox"/>	Scottish Homes <input type="checkbox"/>
Sub-let <input type="checkbox"/>	Lodger <input type="checkbox"/>	Other <input type="checkbox"/>	

If "other, please specify: _____

4. Location / Access (describe appropriateness of geographic location, and external features ie. stairs, path Ways)

Is there a controlled entry? Yes <input type="checkbox"/> No. <input checked="" type="checkbox"/>	If Yes, state Flat Number <input type="checkbox"/>
---	--

5. **Accommodation Size** (No. of Rooms, Kitchen, Bathroom etc)

EAC, 3 apartment, semi detached cottage housing

6. **Internal Access** (No. of Stairs, Room Layout etc)

12 stairs

7. **Heating Type**

Electric (central)
Electric Fire
Oil Fire

Coal Fire
Gas Fire
Gas (central)

Calor Gas
Paraffin Heater
Solid Fuel (central)

Other

If "other", please specify: _____

8. **Cooking Facilities**

Gas
Calor Gas

Electricity
Solid

Microwave
None

9. **Equipment / Adaptations Currently In Place** (describe and highlight any issues)

N/A

10. **Community Alarm**

Yes: LA

Yes: Other

(please specify)

None

Smoke Alarm

Yes

No

11. **Awaiting Rehousing**

Yes

No

Type applied for _____

Date of application _____

12. **Effectiveness of current accommodation arrangements** (are additional housing / accommodation needs identified and prioritised)?

Mr Nimmo's home is currently adequate for his needs.

SECTION 8: Additional Core Information

SECTION 9: Referral

Has referral been made to another Agency / Specialism over past 12 months? Yes No

<u>WHICH AGENCY/SPECIALISM</u>	<u>DATE OF REFERRAL</u>	<u>REASON</u>

Completed By: Ronnie Morton

Signature _____ Location 9 Balmoral Road, Kilmarnock

Designation Support Assistant Date 27/02/06

Tel No: 01563 528011

Updated by Kirsty Waddell, Occupational Therapist on 24th July 2006.

CONSENT TO DISCLOSURE OF INFORMATION

For the purpose of planning care and / or treatment, I agree to information being shared with staff from other agencies who may be involved in assisting with my care and support:-

- East Ayrshire Council
- South Ayrshire Council
- North Ayrshire Council
- NHS Ayrshire & Arran

Signature:  _____

Relationship: _____
(If consent is not being signed by the patient / service user, please state your relationship and authority for signing consent)

Date: 20/07/06

East Ayrshire Council

Social Work Department

Functional Assessment Form

Referral Information

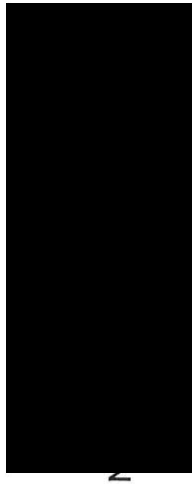
Name: *Craig Nimmo*

Mr/Mrs/Miss/Ms



Address:

Date of Birth: *18.02.76*



Post code:

SWIFT number: *30/S834*

Telephone:

Referrer: *Self*




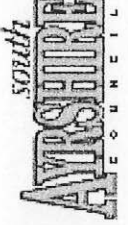
Diagnosis/Presenting Symptoms:

*Osteoporosis in hip and back. diagnosed 2004
Experiencing pain in hip(L)
Eczema*

Past Medical History:

G.P.: *Dr McGuire
34 Portland Road*

fb.somax

								CAREPLAN				SSA 3					
Name		Craig Nimmo		Chi / Ref No		3 0 1 5 8 3 4											
Address		[REDACTED]		NI No				Gender		Male		Female					
Post code				D.O.B.		18/02/76		Locality		B		A L					
Date of Assessment or Review		20/07/06		Date of Care Plan		24/07/06											
Proposed Care Manager				Has the Care Manager agreed		YES						NO					
Support Type		Provider		Start Date		End Date		Input Level		Unit Cost		Total Cost		Funding Source		Authorised By (Sign & Date)	
Shower board		East Ayrshire Council – technicians		24/07/06								£17.95					
Completed By: Kirsty Waddell		Designation		Date		Comments regarding unmet needs or future services required:		Review Date									
<i>Kirsty Waddell</i>		Occupational Therapist		24/07/06										Care Group		3	
Approved By: Eileen Brechany		Designation		Date										Living Group		9	
<i>Eileen Brechany</i>		Team Manager		28.07.06										Ethnic Origin		W	



SSA3(a)

Outcome Codes

- 1 Need fully met
- 2 Need partially met
- 3 Need not met – shortage of places
- 4 Need not met – resource issue
- 5 Need not met – service does not exist
- 6 Service refused

Name Craig James Nimmo
 Ref Number 3015834
 Date of Birth 18/02/76

Community Care: OUTCOMES

Requires help with/to		Tick	Enter support type number				Enter Code 1-6	Support Type	
1	Household tasks							1	Homecare LA personal/domestic
2	Shopping							2	Homecare – independent sector
3	Laundry							3	Meals on wheels
4	Preparing meals							4	Community alarms EAC/other
5	Domestic safety							5	OT equipment
6	Personal Care							6	OT adaptation
7	Bathing	√		5			1	7	Day care
8	Dressing							8	Day activities
9	Toileting							9	Lunch club
10	Continence management							10	Volunteer befriending
11	Medication							11	Volunteer escort
12	Eating							12	Advocacy worker
13	Transferring self							13	Social worker
14	Mobility indoors							14	Welfare rights worker
15	Mobility outdoors							15	Respite care in hospital
16	Reduce isolation							16	Respite care in nursing home
17	Emotional difficulties							17	Respite care – residential
18	Orientation							18	Respite care in own home
19	Confusion							19	Emergency admission
20	Manage Stress							20	Long term residential care
21	Money handling							21	Long term nursing home care
22	Housing							22	Referred to educational resource
23	Legal problems							23	Referred to housing
24	Employment							24	Interpreting service
25	Education							25	Ethnic worker
26	Communication							26	Sensory impairment worker
27	Transport							27	Family and friends
28	Benefits advice							28	Resource centre
Comments								29	Supported accommodation
								30	Informal carer
								31	Other support type
								If other, specify V.I Equipment	
								Referral made to:	
								32	Medical services
								33	Physiotherapy services
								34	Psychiatric
								35	Psychological
								36	Community nursing
								37	Language and speech
								38	Personal assistance scheme
Completed by								99	Other
Kirsty Waddell, Occupational Therapist								If other, specify	
Date								24/07/06	

ACCOMMODATION

East Ayrshire Council Housing Association
Scottish Homes Private/Rented

Name.....

Owner/Occupier

If public sector, has client applied for purchase of home? *YES/NO*

Is client awaiting re-housing? *YES/NO*

Details:

Description of current housing (size and layout): *Living room, kitchen downstairs, 2 bedrooms, bathroom upstairs*

Members of Household	Age:	Relationship to client:	Comments:
<i>Lives alone</i>			

Existing Support:	N/A:	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Sat:	Sun:
Relative/Spouse:								
Friends/Neighbours:								
Homecare:								
District Nurse:								
Health Visitor:								
Day Centre/Day Hospital:								
Respite care:								
Crossroads:								
Meals on wheels:								
Lunch Club:								
Out patient:								
Community Alarm:								
Other:								

*father and the
brothers visit*

RECOMMENDATIONS:

RATING SYSTEM – N/A: NOT APPLICABLE A- EXTREMELY URGENT B – HIGH PRIORITY C – RECOMMENDED

Transfers:	N/A:	A	B	C	Comments:	Recommendations:
On/Off Toilet:					Observed transfer and appeared to have no difficulty.	
On/Off Chair:					Mr. Nimmo demonstrated transfer in chair difficulty.	
On/Off Bed:					Mr. Nimmo reported no difficulty in getting in and out of bed.	

Mobility:	N/A:	A	B	C	Comments:	Recommendations:
Access Front:					Two steps at front door, no problem experienced on steps	
Access Back:						
Standing:					Good standing tolerance and balance.	
Walking:					Walks unaided indoors and outdoors.	
Stairs:					Staircase curved. Mr Nimmo reported that twisting are going to install a banister and he feels this will be appropriate to assist him on stairs.	
Wheelchair:					Mr Nimmo was observed on stairs with no apparent difficulty.	
Transport:					uses father's car	

Personal care:	N/A	A	B	C	Comments:	Recommendations:
Bathing:					<p>Bath in place. Mr Nimmo reports having difficulty lying his legs into bath due to problems in his hips.</p> <p>Independent in dressing and undressing.</p> <p>Reports good appetite</p> <p>Drinks plenty fluids.</p>	<p>Alten shower board.</p>
Showering:						
Toileting:						
Dressing:						
Washing:						
Eating:						
Drinking:						

Domestic Activities:	N/A	A	B	C	Comments:	Recommendations:
Shopping:					Able to collect shopping independently.	
Preparing Food:					} Independent in preparing and cooking meals.	
Cooking:						
Housework:					Able to attend to housework	

Communications:	N/A	A	B	C	Comments:	Recommendations:
Sight:					} No impairments evident	
Hearing:						
Speech:						No impairments
Use of telephone/Writing:					No difficulty experienced.	

Environment:	N/A	A	B	C	Comments:	Recommendations:
Heating Control:					<i>No difficulties evident.</i>	
Taps:						
Switches/sockets:						
Doors/handles/keys:						

Assessor: KIRSTY WADDELL

Signature: Kirsty Waddell

Designation: OCCUPATIONAL THERAPIST

Date: 20.07.06

Client Declaration: I have read this assessment form and agreed that this information may be passed onto other agencies involved in the service provision identified, if required. I understand that all information will be treated with the strictest confidence.

Name: CRAIG WIMMO

Signature: 

Date: 20.10.2006