**Example of a Summary Sheet which could be used to record a holistic assessment a 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? 2. During the last month, have you been bothered by little interest or pleasure in doing things? Screening positive: Yes 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

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| --- | --- | --- | --- | --- | --- |
| **Problem list** | **Possible causes** | **Plan/Action or intervention** to which assessor/patient//±caregiver agreed | **Goals (**the individual goal(s) to aim for) | **Intervener(s)** | |
| **Acute/subacute problems (**Symptoms/signs/condition/ diagnosis) |  |  |  |  | |
| **Chronic (background) problems** |  |  |  |  | |
| **Medications for review** |  |  |  |  | |
| **Poor mobility** (description): |  |  |  |  | |
| **Falls**/identification of factors contributing to the falls: |  |  |  |  | |
| **Incontinence** issues identified: |  |  |  |  | |
| **Sensory issues** identified: |  |  |  |  | |
| **Mental health issues** identified: |  |  |  |  | |
| **Malnutrition** issues identified: |  |  |  |  | |
| **Swallowing** difficulties identified:  **Speech** difficulties identified: |  |  |  |  | |
| **Abnormal results** (blood, urine): |  |  |  |  | |
| **Pressure ulcers** identified: |  |  |  |  | |
| **Cognitive problems** identified: |  |  |  |  | |
| **Socioeconomic/safeguarding** problems identified: |  |  |  | |  |
| **Palliative** care need identified: |  |  |  | |  |
| **Capacity assessment** required for a specific issue at the time of the assessment: |  |  |  | |  |
| **DNACPR** discussion/decision required: |  |  |  | |  |
| **Other** |  |  |  | |  |

**Summary:**

Co-ordinator of the whole process: (Note CGA could be performed by the "virtual team" assessments conducted at different locations/different days/team with communication via telephone/electronically/through the electronic patient health record)

Immediate goals:

List of interventions to achieve immediate goals:

Place of intervention:

Intervention(s) to be performed by:

Follow up: when by whom

The escalation in the crisis: