# Primary Physical Case: Frank Collins

Frank Collins

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**SF/CS Notes:**

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**Frank Collins: Health history**

Case Authors: [insert case author, insert case author email address/ contact number]

**Client Details**

|  |  |
| --- | --- |
| Name | COLLINS, Frank |
| Date of Birth | 16 November 1940 |
| Address | 9 Brewster StreetSuburb, Postcode |
| Health Insurance | none |
| Work Injury Claim Number: | Not applicable |

**Medical / Surgical History**

|  |  |
| --- | --- |
| Presenting Condition / Current Presentation | Currently an inpatient in a Geriatric Evaluation and Management (GEM) ward following a fall 16 days ago. Current Symptoms:* Badly bruised face (resolving) and torso, especially his left hip.
* Grazed hands
* Pain 6/10 when walking, 2/10 on rest
* Walking with 4 wheel frame as pain allows (previously walked with single point stick outside of the home)
* Dynamic balance decreased
 |
| History of Presenting Condition | Fell at home on his front path about 2 weeks agoHas had 3 other falls in last 2 years but this is the first admission to hospital. The previous falls have occurred within his home, on the steps at this house and in the community. |
| Past Medical History | * COPD
* Rheumatoid arthritis in finger joints (worse when weather is cold)
* Conjunctivitis
* Scarlet fever when he was a lad
* TURP for prostatic hypertrophy 18 months ago
* Occasional urinary incontinence
* Low body weight
 |
| Allergies | Nil |
| Medications | COPD* Tiotropium Inhaler (Spiriva) 18mcg, 1 puff daily
* Salbutamol nebulizer 5mg q4h prn (as needed) when short of breath

TURP * Tamsulosin 1 tablet daily

Arthritis* Panadol Osteo 2 tablets qid (4 times a day) prn
 |
| Tobacco | Smokes a couple of cigarettes a day. Used to smoke 2 packets a day but has tried to cut down due to his breathing problems and because it is expensive. |
| Alcohol | A few stubbies of beer when watching the football on TV |
| Illicit Drug Use | Never |

**Family**

|  |  |
| --- | --- |
| Living Arrangements | Lives alone in own homeGarden has been overgrown at timesHas steps at access points to house |
| Relationship Status | Used to live with his mum until she died. Never married and has no children. |
| Children | None |
| Mother | Mother died 15 years ago from complications of dementia. She spent her final 3 years in a nearby nursing home and he visited her daily.  |
| Father | Left when he and his sister were young does not know what happened to him.  |
| Siblings | One younger sister Eileen who lives in a country town. She comes to visit him a few times a year but it is difficult as she does not drive. Eileen has 2 children and Stan has left them all his money in his will even though he does not see them much as they are “family”. |
| Responsibilities | * Helps, when he can, his neighbour Doris by running a few errands for her and bringing in her rubbish bins each week.
* Does all of his own cleaning and household chores but is not keen on these tasks.
* Eats most meals at home that he prepares himself, basic cooking e.g. heating up a pie, sausages and potato.
* Has no services or formal supports.
 |

**Psycho-Social**

|  |  |
| --- | --- |
| **Affect** | Quiet, seems a bit vagueNeeds repetition of information,  |
| **Activity** | Quite isolated. Says he is a bit lonely but “used to it now”.Follows the local football team and places an odd bet on the greyhounds at the TAB usually on a Saturday |
| **Relationships** | A couple of mates who live around the area that he sees occasionally when he has a pint at the local hotel. |

**Employment**

|  |  |
| --- | --- |
| Occupation | Taxi driver |
| Employer | Retired about 10 years ago |
| Work duties | Not relevant |

**Orders / Plan**

* Discharge home
* Has had an OT shower and dressing assessment

Has been identified that an OT home assessment should occur to identify falls hazards and need for advice/recommendations.

**Frank Collins: Simulated Patient Briefing**

**Summary**

* Frank is an inpatient in Geriatric Evaluation and Management (GEM) ward following a fall just over two weeks (16 days) ago and subsequent injuries. He lives alone.
* He has been on the ward for 2 weeks

**Context/Presenting condition**

* Frank had a fall at home on his front path and his neighbour found him there and called an ambulance. He was admitted to the short stay unit at the acute campus of Sunnybrook Hospital and 2 days later was then transferred to the GEM ward.
* He has had 3 other falls in the last 2 years but this is his first fall related admission to hospital. The previous falls have occurred inside his home, on the steps at home and in the community. On all these occasions he was able to get himself up off the ground.

**Medical history**

* Chronic Obstructive Pulmonary Disease (COPD) which leads to shortness of breath
* Rheumatoid arthritis in finger joints of both hands (joints ache and are painful especially when the weather is cold)
* Conjunctivitis (eye infection which he has occasionally)
* Scarlet fever when he was a lad
* Transurethral resection of the prostate (TURP) 18 months ago. This is a type of prostate surgery done to relieve moderate to severe urinary symptoms caused by an enlarged prostate.
* Occasional urinary incontinence which means he has to rush to the toilet at times
* Low body weight, lost weight in past year, poor appetite
* Hearing: Mild deafness in left ear
* Vision: Wears glasses at all times
* Medication: Frank is taking medication to assist with his breathing, his arthritis and his prostate problem
* Allergies: none
* Alcohol: A few stubbies of beer when watching the football on TV
* Tobacco: Smokes a couple of cigarettes a day. Used to smoke 2 packets a day but has tried to cut down due to his breathing problems and because it is expensive
* Visits his GP only when he feels it is really important such as being really sick or if he needs a new prescription for his tablets

**Current Symptoms/Function:**

* Mobility.
* Walking with 4 wheel frame as pain in left hip allows (previously walked with single point stick in his right hand, outside of the home). He walks with a bit of a limp trying to keep some weight off his left hip. Balance when walking is decreased mildly
* Pain

 6/10 when walking (left hip area), 2/10 on rest

* Grazed hands
* Badly bruised face (resolving) and torso (trunk), especially his left hip.

He has been assessed by the multidisciplinary team on the ward including doctors, nurses, physiotherapist, social worker, dietitian and occupational therapist.

Frank has been having physiotherapy most week days which involves walking on the ward and some balance exercises. The dietitian has ordered Sustagen to “fatten him up”.

He has had an assessment by the occupational therapist in the shower on the ward and they watched him get dressed.

**Presentation: Appearance, Clothing and Props.**

* Bruising on face especially around nose and under eyes (that is fading)
* Wearing own trousers (too big) held up with belt, oversized, worn shirt and slippers, fingerless gloves
* Rubs the knuckles on his hands occasionally as they are a bit painful
* Has a 4 wheel walking frame
* Unshaven, hair a little messy
* Wears glasses
* A little hard of hearing, may ask for conversations to be repeated

**Social history**

Used to live with his mum in their own home until she died. Never married.

* Mother: Died 15 years ago from complications of dementia. She spent her final 3 years in a nearby nursing home and he visited her daily.
* Father: Left when he and his sister were young, he does not know what happened to him.
* Siblings: One younger sister Eileen who lives in a country town. She comes to visit him a few times a year but it is difficult as she does not drive. They talk on the phone every couple of weeks. Eileen has 2 children and Frank has left them all his money in his will even though he does not see them much as they are “family”.
* Children: Has no children

Frank is on an aged pension.

**Activities of daily living including leisure and work**

Previous

**Self-care**: Able to care for himself. Usually only has a shower once a week and has a sponge wash the other days. Bit wobbly in the shower

Has a bucket beside his bed to use in the night instead of going to the toilet

**Meals**: Eats most meals at home that he prepares himself, basic cooking eg heating up a pie, sausages and spuds.

**Domestic chores**: Does all of his own cleaning and household chores but is not keen on these tasks.

Frank has no services or formal supports.

Helps, when he can, his neighbour Doris by running a few errands for her and bringing in her rubbish bins each week. If he sees her in her front yard they have a chat

Walks to the local shops and buys a few things regularly

Previously walked around his house without a walking aid but if needs he would steady himself with his hand on the wall or furniture. Used a stick (which he bought at the local opportunity shop) when going outside or down the street.

**Leisure/interests**

Follows the Western Bulldogs football team and places an odd bet on the greyhounds at the TAB usually on a Saturday. He has a couple of mates who live around the area that he sees occasionally when he has a pint at the local pub.

**Employment**

Was a taxi driver, retired about 10 years ago.

**Transport**

Does not drive anymore but does have his car in the garage “just in case”! Usually gets around by walking, will take public transport if he has to go into “town” but avoids this. Takes a taxi to his doctors.

**Home**

* Lives alone in his own house.
* In the past the garden has at times been overgrown and full of rubbish and has needed to be cleaned up.
* There are access issues with steps at the front and back of the house.
* The bathroom and toilet …..*(needs to be completed based on home used in activities)*
* There are trip hazards such as power cords across the floor, bedspread hanging onto bedroom floor, plastic bags filled with unknown items on the floor and rugs/mats in most rooms

**Behaviour, affect and mannerisms**

* Quiet, proud, self-reliant man
* Private, does not like to disclose that he is finding it a little difficult managing at home
* Does not initiate conversation but tries to answer questions honestly without giving too much away
* Tends to breathe in through his nose and out through his mouth (through pursed lips) consistent with breathing habits of people with COPD
* Tends to look at his lap unless being spoken to
* Appears shy and a bit vague
* Can be found to ask the same question or repeat himself (maybe due to being forgetful)
* Quite isolated, says he is a bit lonely but “used to it now”. Still misses his mum.

**General Ideas**

* Concerned about new things, does not like change
* Realizes he has lost weight as his clothes are big on him but he is not often hungry and does not like cooking
* Knows he should probably stop smoking due to his breathing problems but has tried before and it was too difficult
* Have not had any visitors since being in hospital. Thought Eileen’s children might pop in.
* Frank has enjoyed the general company of the others in the ward. Tries to help the “old dears” by getting them a magazine or ringing the nurse call bell for them. Likes a chat with the nurses.

**Concerns**

* Does not want to live in a nursing home like his mum did
* Wants to die at home
* Does not want the hospital staff to visit his house as they may not think it suitable for him to return home to. But if he does not agree to the visit they may send him to a nursing home anyway.
* Wants to manage by himself, not keen on any services like meals on wheels
* Doesn’t like it when people want to come and tidy up things like they did in his garden a while back
* He thinks the staff at the hospital believe he is getting dementia just like his mum because he forgets things
* Feels shaken up by the recent fall, nervous he will fall again but does not want to tell this to any of the hospital staff
* Staff want him to have a personal alarm

**Expectations and goals**

* Go home as soon as possible
* Does not want to have anyone coming to give him meals or clean his house
* Wants to walk again just with his stick

**Frank Collins: Ward Doctor Briefing**

**1. Title**

Name: Dr. Rosie McClasky

Position: Geriatrician: GEM ward

 Sunnybrook Hospital

Contact: [Contact number]

Appointments:

 [Insert date] [Insert time]

[Insert date] [Insert time]

**2. Summary/Overview**

You are the treating doctor on the GEM ward (Aged Care) at Sunnybrook Hospital, you have worked on this ward for 2 years

You are being interviewed today by second-year Occupational Therapy students who are developing a discharge plan for one of your patients Frank Collins. Frank is 74 years old and has been admitted to the ward following a fall. He has been on the ward for 2 weeks.

The nature of the interview today is to gain your perspective on how Frank is progressing medically and any concerns you have re his discharge home

**3. Learning objectives**

* Establish rapport with the doctor during the interview
* Conduct an effective telephone interview with the doctor.

**4. Student (clinician) task (including briefing for trainee)**

* Conduct a telephone interview with the purpose of obtaining an update on Frank Collins medical condition

**5. Setting**

* The ward clerk has put this phone call through to your office on the ward
* You were about to leave the ward to go to lunch which is already overdue

***Specifically for the simulated doctor***

**6. Affect/behaviours**

* Aware that students need to learn but keen to not lose her lunch break
* Sounds kind and caring
* Rattles off medical terms without being aware that they may not be understood

**7. Opening lines/questions/prompts**

* “Ah yes Frank, he is a worry”

**8. Doctor’s ideas, concerns and expectations of the interaction**

**Ideas**

* Wants to give Frank dignity of choice but feels that going home is probably not in his best interest
* Thinks his medications should be reviewed
* Does not think that Frank is disclosing how he is coping at home, maybe hiding difficulties such as how many falls he has had
* Noted he has urge incontinence which would put him at risk of falling as he would have to rush to the toilet
* Noted that difficulties breathing may contribute to fatigue and in turn self-neglect

**Concerns**

* Worried that Frank is socially isolated
* This is Frank’s third fall (that she knows about) and it is not likely to be his last.
* Concerned about Frank’s low weight and apparent lack of appetite
* Wondering about whether Frank’s vagueness and diminished recall are the early stages of dementia
* Wonders if he actually makes himself meals

**Expectations**

* Frank will be readmitted again in the near future probably following another fall
* Frank may need to continue to use the walking frame now rather than a stick

**9. Patient’s history of the problem**

Frank had a fall at home in his front yard about 16 days ago. He was found by his neighbour and taken to the acute hospital and then transferred to the aged care ward at Sunnybrook hospital. Frank badly bruised his face (which is resolving), hurt his left hip and severely grazed his hands. His walking was affected and his balance diminished. He has been in this ward for 2 weeks and has been seen by the physiotherapist, social worker, dietitian and occupational therapist

**10. Patient’s past medical history**

* TURP
* COPD
* RA in hands
* Falls
* Still smoking

**11. Patient’s family history**

* Is not sure of any family that can provide practical assistance
* Noted that Frank’s mother had Alzheimer’s Disease

**12. Patient’s social information (work, lifestyle, habits)**

* Has been told by the charge nurse that he has not had any visitors whilst on the ward
* Noted in the medical record that Frank used to be a taxi driver

**13. Considerations in playing this role including wardrobe, makeup and challenges:**

* N/A

**Frank Collins: Social Worker Briefing Notes**

**1. Title**

Name: Bronwyn Galata

Position: Social Worker

 Sunnybrook Hospital

Contact: [Contact number]

Appointments:

 [Insert date] [Insert time]

[Insert date] [Insert time]

**2. Summary/Overview**

You are the Social Worker on the Geriatric Evaluation and Management (GEM) Ward of Sunnybrook Hospital. You have been a Social Worker for 22 years

You are being interviewed today by second-year Occupational Therapy students who are developing a discharge plan for one of your patients Frank Collins. Frank is 74 years old who was admitted to the ward 2 weeks ago following a fall at home.

The nature of the interview today is to gain your perspective as Frank’s Social Worker as to any concerns you may have for his upcoming discharge home alone

**3. Learning objectives**

* Establish rapport with the Social Worker during the interview
* Conduct an effective telephone interview with the Social Worker.

**4. Student (clinician) task (including briefing for trainee)**

* Conduct a telephone interview with the purpose of understanding more about Frank’s social situation and services that may be able to be utilised to support his discharge home alone

**5. Setting**

* You are seated by yourself in your own office in the hospital

***Specifically for the simulated Social Worker***

**6. Affect/behaviours**

* Welcoming
* Chatty and a little tangential
* Sounds very knowledgeable about aged care

**7. Opening lines/questions/prompts**

* “Yes it is good that we discuss Frank as I have concerns about him and how he is going to manage”

**8. Social Worker’s ideas, concerns and expectations of the interaction**

**Ideas**

* Seen lots of patients like Frank in her years as a Social Worker
* Thinks that Frank would be happier living in residential care as he would have supports and company
* At the minimum would like Frank to accept services, maybe attend a planned activity group or Meals on Wheels
* Would like the Occupational Therapist to complete a home assessment and functional cognitive assessment

**Concerns**

* Worried that Frank is not managing at home
* Based on what the Dietitian has said about his low body weight thinks that Frank is probably not eating properly or looking after his own health
* Wonders about the state of Frank’s house based on his reluctance to have any services such as Meals on Wheels or Home Help. Thinks he may be hiding a house that is in serious disrepair
* Believes that Frank is likely to be readmitted due to self-neglect issues or another fall
* Has noticed that Frank does not seem to recall her and wonders if his memory is failing

**Expectations**

* Does not expect Frank to accept any assistance/services despite having tried on a number of occasions to suggest different options and to point out the affordability of them

**9. Patient’s history of the problem**

Frank had a fall at home in his front yard about 2 weeks ago. He was found by his neighbour and taken to the acute hospital and then transferred to the aged care ward at Sunnybrook hospital. Frank badly bruised his face (which is resolving), hurt his left hip and severely grazed his hands. His walking was affected and his balance diminished. He has been in this ward for a week and has been seen by the physiotherapist, social worker, dietitian and occupational therapist

**10. Patient’s past medical history**

* Has noted in the medical record that Frank has many comorbidities (lots of medical conditions)

**11. Patient’s family history**

* Believes Frank was close to his mother and senses that her death was a big loss to him
* Has a sister who lives in country town. Frank seems fond of her but does not see her often

**12. Patient’s social information (work, lifestyle, habits)**

* Difficult to get Frank to divulge much information about this area of his life
* Knows he has had no visitors whilst in the ward
* Frank has mentioned that he follows the AFL especially the Bulldogs
* Used to go to the shops regularly, walking with his stick. Thinks he might use public transport sometimes

**13. Considerations in playing this role including wardrobe, makeup and challenges:**

* N/A

**Frank Collins:**  **Sister Briefing Notes**

**1. Title**

Name: Eileen Putnam

Position: Sister

Contact: [Contact number]

Appointments:

 [Insert date] [Insert time]

[Insert date] [Insert time]

**2. Summary/Overview**

You are the younger sister and only sibling of Frank.

You are being interviewed today by second-year Occupational Therapy students who are developing a discharge plan for your brother Frank Collins. Frank is 74 years old and is in hospital following a fall at his house.

The nature of the interview today is to gain your perspective on how Frank has been managing at home and any concerns you have re his returning to live by himself.

**3. Learning objectives**

* Establish rapport with Frank’s sister during the interview
* Conduct an effective telephone interview with the sister.

**4. Student (clinician) task (including briefing for trainee)**

* Conduct a telephone interview with the purpose of finding out more about Frank’s life and how he was managing prior to his admission to hospital
* Identify any barriers/considerations there are for his discharge home.

**5. Setting**

* You are at home

**Specifically for the simulated sister**

**6. Affect/behaviours**

* Concerned about disclosing Frank’s personal informal as he is a private person
* Takes a while to understand that the phone call is in Frank’s best interest
* Seems a little awkward and shy
* Apologetic that she does not know all the answers to the questions as she does not see Frank regularly
* Sad that Frank is having to cope with things himself and wishes she was of more help, feels a little neglectful

**7. Opening lines/questions/prompts**

* “What are you planning to do with this information; does Frank know you are talking to me?”

**8. Sister’s ideas, concerns and expectations of the interaction**

**Ideas**

* Wishes Frank had married and had some children so he would not be so alone now
* Believes Frank can be very stubborn and not willing to change
* States that Frank is a very private person
* Frank has mentioned many times to her that he does not want to end up in a nursing home like their mum and hopes to die peacefully in his favourite arm chair
* Frank is very frugal with his money

**Concerns**

* Is worried that Frank’s memory might be going like their mothers did. He seems forgetful on the phone and she has to repeat stories
* Has noticed that Frank has lost quite a bit of weight in the last year
* Last time she visited Frank the house seemed to be even more full of things than normal and was looking quite rundown. Has heard he had someone in to clean it up recently
* Frank seems to be having a lot of falls, she has suggested him get rid of some stuff to make it safer

**Expectations**

* Would like the hospital staff to encourage Frank to get assistance especially with his meals
* Wonders if the social worker could take Frank to have a look at alternative places to live
* Knows that Frank will go home even though he would enjoy more company

**9. Patient’s history of the problem**

Frank had a fall at home in his front yard about 2 weeks ago. He was found by his neighbour and taken to the acute hospital and then transferred to the aged care ward at Sunnybrook hospital. Frank badly bruised his face (which is resolving), hurt his left hip and severely grazed his hands. His walking was affected and his balance diminished. He has been in this ward for a week and has been seen by the physiotherapist, social worker, dietitian and occupational therapist

**10. Patient’s past medical history**

* Frank has a bad chest due to smoking too much
* He had a “men’s procedure” a while back related to his “water works”
* Frank sometimes complains that his joints hurt especially when the weather is cold

**11. Patient’s family history**

* Frank and Eileen grew up in the house that Frank still lives in
* After Eileen’s marriage she moved to a country town. When Frank was younger he would visit her but he does not drive anymore and as Eileen does not drive either they only see each other a few times a year. Eileen rings Frank every fortnight usually on a Sunday night after the evening news
* Eileen was not as involved in caring for their mother due to living so far away. Frank was very close to their mum and she knows that Frank misses her greatly

**12. Patient’s social information (work, lifestyle, habits)**

* Knows Frank’s neighbour Doris as she has lived in the street for many years. Eileen has asked Doris to keep an eye out for Frank and to give her a ring is she is particularly concerned
* Frank used to find working as a taxi driver very stressful and she is glad he does not do this any more

**13. Considerations in playing this role including wardrobe, makeup and challenges:**

* Coughs often through telephone conversation, states this is due to her horrible habit of smoking

**Frank Collins: OT Activities & Props**

**Sub groups**

|  |  |  |
| --- | --- | --- |
|  | **Observed tasks in a ward setting****With patient**  | **Activities in a home environment****Without patient****(Note: students can complete multiple activities if time permits)** |
| **Group A** | Ward bedroom- transferring in and out of a hospital bed- transferring in and out of bedside chair- mobilizing around room | Patient’s home- bedroom- lounge room |
| **Group B** | OT kitchen- preparing cheese sandwich- making a hot beverage- mobilizing around kitchen | Patient’s home- kitchen |
| **Group C** | Ward bathroom- transferring in shower- transferring on/off toilet | Patient’s home- bathroom- toilet |

**Group A**

|  |  |
| --- | --- |
| **On campus requirements**Ward bedroom* Hospital bed
* Over bed table
* Long handled pick up stick on over bed table (with OT sticker on it)
* Beside cupboard
* Adjustable height bedside chair with arms
* 4 wheel walking frame with seat
 | **Off campus requirements**House - Bedroom* Single bed
* Bucket beside bed
* Arm chair (low) no arms
* Preferably dressing table, washing basket (to hinder circulation space)
* Power cords, extension cords running over floor
* Number of rugs on floor
* A few pair of shoes near bed and a sock on floor
 |

**Group B**

|  |  |
| --- | --- |
| **On campus requirements**OT department kitchen* Kettle electric
* Adjustable height bedside chair
* 2 wheel walking frame with seat
* Fridge with cheese, margarine, milk
* Kitchen table and adjustable height chair with arms
* Coffee, tea and sugar on bench
 | **Off campus requirements**House - Kitchen* Table with low chairs with no arms
* Cluttered kitchen bench
* Plastic bags filled with “stuff” on floor, hindering circulation space
 |

**Group C**

|  |  |
| --- | --- |
| **On campus requirements**Ward bathroom* Shower recess
* Toilet
* Towels
* Adjustable height shower seat with arms
 | **Off campus requirements**House - Bathroom* Preferably shower over bath, cake of soap in base of bath
* Towels on rack
* Toiletries in lower shelf in bathroom cupboard
* A number of bathroom mats
* Electrical cord running over doorway into bathroom
* Plastic rubbish bin
* Pair of slippers on floor
* Cluttered bench tops
 |

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| --- | --- |
| **Occupational Therapy** 42_as_Interleaved_2_of_5_barcode[1]**Referral Form** | **Surname:**  COLLINS**Given Name:** FRANK  **DOB:** 16/11/40  **Sex:** MALE**Address:** 9 Brewster StreetSuburb, Postcode |

|  |  |  |  |
| --- | --- | --- | --- |
| **Referred from** |  Short stay unit | **Referred to** | Geriatric Evaluation & Management (GEM) ward |
| **Interpreter Required:** Yes ☐ No ☒  **Language:** English |
| **Diagnosis:** Fall resulting in bruised face and torso, decreased balance/confidence. Past medical history: TURP 18 months ago, COPD, RA in hands, falls in past, occasional urinary incontinence, low body weight**Occupational Therapy Referral Form** |
| **Social Situation:** Single, no children, lives alone. Has 1 sister |
|  On aged pension, no services |
| **Home Assessment Completed:** Yes ☐ No ☒ Required ☒  |
| **Equipment Provided:** Walking frame by PT |
|  |
| **Current Occupational Performance** |
| **PADLS:** Independent in meals and grooming. Needs assistance with showering |
|  |
|  |
| **DADLS:** not assessed. Previously was getting no assistance with this |
|  |
| **Mobility/Transfers (Including Aid):** Decreased balance. Walking with frame now. |
| Decreased endurance, pain when walking esp. L hip |
|  |
| **Referral Goals:** 1. Home Assessment with focus on falls prevention |
| 2. Functional mobility and transfer assessment  |
|  3. Personal and domestic ADL assessment and retraining |
| 4. Cognitive assessment, seems forgetful |
| Therapist: **T. Walker** | Date:  | Consent Obtained: Yes ☒ No ☐  |