Our Lady's Hospice & Care Services

Harold's Cross
Blackrock
Wicklow

Respite Rehabilitation Reassurance

Tel: 0857110361

Advanced Nurse Practitioner for Dementia Support Service (DSS)

Name: _____ **Date Referral Received:** _____

Address: _____ **GP:** _____

Phone: _____ **MRN:** _____

Date Of Birth _____ **Medical Card No:** _____

NOK: _____ **PHN/RGN:** _____

Reason for Referral:	Meds:
Current Complaint:	
Intervention to Date:	Social Hx:
Recent MMSE/MOCA or Investigations:	

Modified Barthel Assessment Index

Function		Date	Date	Date
Bowels	0- incontinent 1- occasional accident 2- continent			
Bladder	0- incontinent 1- occasional accident 2- continent			
Grooming	0- needs help 1- independent face/hair/teeth/shaving			
Toilet Use	0- dependent 1- needs some help 2- independent			
Feeding	0- unable 1- needs some help 2- independent			
Transfer	0- unable 1- needs major help 2- needs minor help 3- independent			
Mobility	0- immobile 1- wheelchair ind 2- walks with help of 1 person 3- independent (may use aid)			
Dressing	0- dependent 1- needs help but can do half unaided 2- independent			
Stairs	0- unable 1- needs help (verbal physical carrying aid) 2- independent up/down			
Bathing	0- dependent 1- independent			
Total		/20	/20	/20

Follow-up Plan:	
R/f to OT:	Y /N
R/f to CST:	Y /N
R/f to Respite:	Y /N
R/f to ASI:	Y/N

Signature: _____

Date: _____