Jah-Jireh Charity Homes – Head Office
317 Lytham Road, Warton
Preston
PR4 1TE
Telephone: 01772 633 380
Email: admissions@jah-jireh.org

PRE-ADMISSION: PERSONAL CARE/MENTAL HEALTH ASSESSMENT (Policy CA 13)

Applicant/Resident Name:

Personal Care	Low Dependency	Medium Dependency	High Dependency	Comments/Notes
Communication	No problems.	Understands, slow to respond.	Unable to respond appropriately.	
Bath/Shower	Independent.	Can bathe with support of one carer.	Requires support of two carers.	
Washing	Independent.	Can wash most parts of body, help with feet and back.	Can wash only face and hands.	
Dressing	Independent.	Needs one carer, help with buttons & straps.	Needs help from two carers, dressing.	
Grooming	Independent.	Can shave or make up with one carer.	Needs two carers, help with grooming.	
Toilet	Independent.	Needs one carer support to cleanse self after toilet.	Needs two carers to cleanse self after toilet.	
Continence	Independent.	Needs one carer support to use toilet.	Incontinent, requires two carers.	
Eating	Independent.	Needs food prepared, can then eat independently.	Requires one carer for support and encouragement.	
Drinking	Independent.	Independent using adapted drinking utensil.	Needs full support and 1 carer encouragement for drinking.	
Pressure Ulcer Care	No problems.	Regular pressure relief and overlay mattress.	High risk pressure relief monitoring. Specialist chair cushions and bed mattresses. Two carers day and night.	
Social & Recreational	Sociable.	Needs encouragement to join activities.	Very reluctant to socialise and take part in recreational pursuits.	
Moving and Handling	Independent & weight bearing.	Weight bearing but needs support of staff.	Non-weight bearing, hoist only.	
Personality	Socialises well.	Prefers solitude and one to one conversation.	Withdrawn or manic.	
Pain	No problems.	Intermittent, controlled by medication.	Severe, requires regular medication.	
Sleep	No problems.	Occasional sleeping difficulty.	Poor sleep patterns, requiring nighttime care, intermittent night sedation.	

Please turn over for mental health assessment questions

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Applicant/Resident Name:

Mental Health	**Please tick any that apply**				**Comments**
Depression	None at present.	History of depression.	Mild depression, medication.	Severe depression, specialist services.	
Mood	No mood disorder.	Predictable mood change.	Unpredictable mood change.	Unable to be rationalised.	
Anxiety	Calm under pressure.	Anxiety after stress.	Anxiety easily triggered.	Severe anxiety.	
Memory	Long and short term intact.	Mild short term memory loss.	Disoriented at times.	Unable to formlinks with the present.	
Aggression	No history of aggression.	Isolated history of aggressive outbursts.	Random episodes of aggression.	Aggressive behavior a regular occurrence.	
Challenging Behavior – Moderate	No history.	Aggressive, no violence.	Abusive.	Rummaging.	
			Shouting.	Invading privacy of others.	
Challenging Behavior – Severe	No history.	Violent.	Destructive.	Severe deviance.	
		Screaming.	Smearing.	Others.	
Self-Harm	No history.	Previous history of accidental self-harm.	Previous history of deliberate self-harm.	Severe risk of self-harm.	
Self-Neglect	No history of any form.	Previous neglect of diet, hygiene or appearance.	Current intermittent self-neglect.	Severe current risk of self-harm.	

Important Additional Information Regarding Dementia:

Is there a clinical diagnosis of dementia? **YES / NO** (add any comments below)

Signature of Assessor	Print Name:	Date
	Relationship to Applicant:	