 



**MORAY DISCHARGE TO ASSESS**

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| **Patient Details:**  **CHI / DOB:**  **Name:**  **Address:**  **Telephone Number:**  **NOK:**  **Consent to contact NOK:** | | | **Referrer Name:**  **Designation and Location:**  **Telephone / Bleep No:**  **Date referral form completed:**  **Estimated Date of Discharge:**  **Consent for referral obtained**  **Moray Discharge to Assess leaflet issued**  **Patient’s current location** (*Hospital / Ward details*): | |
| **Date and Cause of Admission:**  **Medically Fit for Discharge**  **Discharging Consultant Name:**  **Date of discussion re: medically fit for D/C:**  **Weight Bearing Status / Precautions:** | | | **Past Medical History:**  **DNA CPR in place: (MUST be completed)**  **Yes  No**  **Hearing:**  **Eyesight:**  **Communication:** | |
| **Falls History** (*Falls in the last 6 months? Frequency / Location / CAS in situ?*) | | | **Cognition:**  **Mood / Motivation:** | |
| **OT and PT Rehabilitation Goals:**  **1.**  **2.**  **3.** | | | **Home Environment / Social Support:** (*Scanned therapy notes are acceptable*) | |
| **Discharge to Assess Health Care Support Worker initial input request:** (*Number of visits, details of support required. Personal care, meals, med prompts, physio exercises*)  **AM -**  **LUNCH -**  **TEA -** | | | | |
| **Functional Status** | | | | |
|  | **Baseline Ability** | **Current Ability** | | **Comments / Equipment Used** |
| **Mobility** |  |  | |  |
| **Stairs** |  |  | |  |
| **Chair Transfers** |  |  | |  |
| **Bed Transfers** |  |  | |  |
| **Toilet Transfers** |  |  | |  |
| **Shower / Bath Transfers** |  |  | |  |
| **Washing** |  |  | |  |
| **Dressing** |  |  | |  |
| **Continence** |  |  | |  |
| **Medication** (*support prompt only*) |  |  | |  |
| **Kitchen Tasks** |  |  | |  |
| **Domestic Tasks** |  |  | |  |

Codes: N/A – Not Applicable N/Ax – Not Assessed I – Independent S – Supervision A – Assistance (of 1 or 2) D – Dependent

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| **Additional Information** (eg: lone working considerations, safeguarding concerns, Keysafe details): |

**Send referrals to:** [gram.moraydtoa@nhs.scot](mailto:gram.moraydtoa@nhs.scot)