

Attachment 1**Dementia/Short term Memory Loss/Confusion****1. Entitled Person Details**

DVA file number

Surname

Given name(s)

2. Diagnosis/Assessment

Has the entitled person been diagnosed with dementia?

No Yes By who? GP Geriatrician/Specialist

Date

3. Type of Dementia

Please specify the type of dementia that the entitled person has been diagnosed with:

4. Tools Used to Assess Functional Status

Have you completed a MMSE for the entitled person?

No Yes What tool was used?

What was the score?

What are the areas of deficit identified and how will these impact on how you provide care for the entitled person?

5. Client Behaviours that may Impact on Care

Please tick the appropriate behaviour(s) that may impact on the entitled person's care:

 Agitation Pain Aggression (physical/verbal) Repetitive behaviour Confabulation Screaming Delusions Sleep disturbance Hiding or stealing things/accusing Suspicious Inappropriate sexual behaviour Wandering Misinterpretations/Hallucinations Other

Please describe the behaviour:

Does the entitled person have the insight into their behaviour?

No Yes

6. Risk

Are there any
identified issues of
risk?

No

Yes

Please specify risks

Have risks been addressed?

No

Yes

Please specify the outcome

7. Referral/Support

Please list the referrals or requests for support and information made by yourself on behalf of the entitled person or carer (e.g. specialised dementia support)

8. Additional Comments
