

## Risk Assessment

Purpose: to be used to identify people who may need additional support in the transfer process.

<b>NAME</b>	<b>DOB</b>
<b>PROVIDER</b>	<b>RECORD ID</b>
Date of admission	
Does the person have an Advanced Care Directive?	
Does the person have Medical Goals of Care?	
Name of General Practitioner	
General Practitioner contact details	
General Practitioner contact details	

<b>TRANSFER OF CARE RISK FACTORS</b>	<b>YES</b>	<b>NO</b>	<b>MANAGEMENT STRATEGY (FOLLOW UP REQUIRED)</b>
Is the person likely to have self-care problems – either self-indicated or as a result of disease, surgery or injury?			
Does the person live alone?			
Does the person have responsibilities to care for others? (including pets)			
Is the person currently receiving community services?			
Cognitive status - Is the person able to be actively involved in the transfer plan?			
Are there any concerns about the person's ability to understand and manage their medications?			
Have any medications been changed in the last two weeks?			

### NOTES

---



---



---



---



---



---



---