

**INTERDISCIPLINARY ASSESSMENT**

<b>Name:</b>		<b>PARIS ID:</b>
<b>DOB:</b>	<b>Age:</b>	<b>PHN:</b>
<b>Gender:</b>		<b>Phone:</b>
<b>Home Address:</b>		

**Assessment Start Date:**

**Assessment End Date:**

**Reason For Assessment:**

**Carried Out By:**

- Type of Assessment:     Interdisciplinary Assessment     Interdisciplinary Assessment - Palliative Version  
 Indicate if assessment is for an Ambulatory Client

**Summary - Screening**

**Areas of Concern**

**A. PHYSICAL STATUS**

- Cardiorespiratory:** problems breathing and/or coughing; chest pain, dizziness, or heart problems
- Gastrointestinal:** nausea, vomiting, or reflux; bowel problems, e.g. diarrhea, constipation, incontinence, ostomy, tube/drain
- Genitourinary:** bladder problems, e.g. frequency urinating, urgency, catheter, nocturia, incontinence, ostomy, tube/drain
- Metabolic:** problems maintaining blood sugar level, e.g. hyperglycemia, hypoglycemia
- Musculoskeletal:** issues completing normal activities because of weakness, problems moving limbs
- Neurological:** issues with dizziness, weakness, seizures, coordination, tingling or numbness
- Oral Health:** concerns about teeth
- Pain Management:** any pain or discomfort
- Skin Integrity:** skin condition, wound, incision, tube/drain, edema, or rash

**B. MEDICATIONS**

- Medication Management:** prescription meds including IV meds, or non-prescription meds including vitamins, minerals, and herbal remedies; any difficulties managing meds

**C. NUTRITIONAL STATUS**

- Eating Habits:** food/fluid intake declined over last three months due to loss of appetite or digestive problems; on a tube feed
- Swallowing and Chewing:** trouble swallowing or chewing
- Weight Change:** unintentional weight loss or gain in the last 6 months

**D. FUNCTIONAL STATUS**

- Activities of Daily Living:** problems independently eating, bathing, dressing, toileting or maintaining hygiene; adequate sleep
- Communication Abilities:** problems understanding others or making themselves understood; concerns with hearing
- Instrumental ADLS:** trouble with household work, such as cleaning, laundry, shopping, making meals, using the phone, finances, or transportation; concerns about driving
- Mobility:** problems moving around; difficulty getting in/out of bed, the bathtub or on/off the toilet; falls in the past 90 days
- Vision:** problems with vision
- Vocation and Leisure:** problems with work, school, or leisure

**E. MENTAL HEALTH AND COGNITION**

- Cognition/Perception:** concerns about memory, concentration, planning, or problem-solving
- Mental Health:** concerns about mood, anxiety or behaviour; delusional thoughts or hallucinations

**F. PSYCHOSOCIAL STATUS**

- Adult Protection:** risk of abuse, neglect, or self-neglect
- Advance Care Planning:** needs advance care plan
- Cultural/Spiritual:** beliefs and preferences regarding care
- Housing and Income:** enough money for food, housing, medical care, and other basic needs (clothing, transportation); problems regarding current living situation
- Relationships and Supports:** concerns about living alone; has someone to help when needed
- Substance Use:** concerns regarding use of tobacco, alcohol, or other substances

## INTERDISCIPLINARY ASSESSMENT

Name:	PARIS ID:
-------	-----------

### Client/Caregiver Goals of Care

### Relevant Medical History

### Clinician's Summary

## INTERDISCIPLINARY ASSESSMENT

Name:	PARIS ID:
-------	-----------

### A. Physical Status

#### Cardiorespiratory

- See Supplemental Assessment                      Comments:
- Chest Sounds
  - Shortness of Breath
  - Productive Cough
  - Tracheostomy Management
  - Pacemaker/Ventricular Device
  - O2 Management
  - Chest Discomfort
  - Palpitations
  - Fainting
  - Congestions/Secretions
  - Hiccoughs
  - Weight
  - Edema
  - Superior Vena Cava (SVC) Syndrome
  - Terminal Bleed
  - Tubes/Drains
  - Other (specify):

#### Gastrointestinal

- See Supplemental Assessment                      Comments:
- Vomiting
  - Reflux
  - Nausea
  - Diarrhea
  - Bowel Incontinence
  - Ostomy Management
  - Constipation
  - Bloating
  - Tubes/Drains
  - Ascites
  - Malignant Bowel Obstruction
  - Other (specify):

## INTERDISCIPLINARY ASSESSMENT

<b>Name:</b>	<b>PARIS ID:</b>
--------------	------------------

### Genitourinary

- See Supplemental Assessment**                      **Comments:**
- Frequency
  - Urinary Incontinence
  - Catheter
  - Urinary Retention
  - Urinary Tract Infections
  - Nocturia
  - Urgency
  - Ostomy Management
  - Tubes/Drains
  - Bladder Spasm
  - Other (specify):

### Metabolic

- See Supplemental Assessment**                      **Comments:**
- Hyperglycemia
  - Hypoglycemia
  - Hypercalcemia
  - Other (specify):

### Musculoskeletal

- See Supplemental Assessment**                      **Comments:**
- Muscle Strength
  - Range of Motion
  - Bony Metastasis
  - Other (specify):

### Neurological

- See Supplemental Assessment**                      **Comments:**
- Dizziness
  - Weakness
  - Seizures
  - Sensation
  - Coordination
  - Tone/Spasticity
  - Headaches
  - Restlessness
  - Spinal Cord Compression
  - Other (specify):

## INTERDISCIPLINARY ASSESSMENT

<b>Name:</b>	<b>PARIS ID:</b>
--------------	------------------

### Oral Health

- See Supplemental Assessment**                      **Comments:**
- Bleeding/Sore Gums
- Regular Check-Ups
- Thrush
- Other (specify):

### Pain Management

- See Supplemental Assessment**                      **Comments:**
- Control
- Quality
- Location
- Timing
- Severity
- Radiating
- # of breakthroughs for all sites /24 hrs:
- Other (specify):

### Skin Integrity

- See Picalere**    **Comments:**
- Skin Condition
- Wound
- Incision
- Tubes/Drains
- Edema
- Rash
- Lymphodema
- Pruritis
- Other (specify):

## B. Medication

### Medication Management

- See Flowsheet - IV Assessment**                      **Comments:**
- Needs Assist
- Dependent
- Not Taken as Prescribed
- Polypharmacy (5+ Medications Taken Routinely)
- Physician Review Needed
- IV Medication Management
- IV Device Maintenance
- Palliative Medication Kit In Home
- S/C Management
- Intrathecal Management
- Other (specify):

# INTERDISCIPLINARY ASSESSMENT

Name:	PARIS ID:
-------	-----------

## Medications - Current

Medication	Dose	Route	Frequency	PRN	Start Date	End Date
------------	------	-------	-----------	-----	------------	----------

## C. Nutritional Status

### Eating Habits

- See Supplemental Assessment      **Comments:**
- Poor Appetite
  - Food Security
  - Digestive Issues
  - Enteral Nutrition
  - Dehydration
  - Other (Specify):

### Swallowing and Chewing

- See Supplemental Assessment      **Comments:**
- Swallowing
  - Chewing
  - Dentures
  - Missing Teeth
  - Other (specify):

## INTERDISCIPLINARY ASSESSMENT

Name:	PARIS ID:
-------	-----------

### Weight Change

- See Supplemental Assessment      Comments:
- Loss of >3kg (6.6 lbs) in Last 6 Months
- Gain of >4.5kg (10 lbs) in Last 6 Months
- Other (Specify):

### D. Functional Status

#### Activities of Daily Living

- See Supplemental Assessment      Comments:
- Eating
- Bathing
- Personal Hygiene
- Toileting
- Dressing
- Oral Hygiene
- Rest/Sleep
- Other (specify):

#### Communication Abilities

- See Supplemental Assessment      Comments:
- Speech
- Alternative/Augmentative Communication
- Hearing
- Other (specify):

#### Instrumental ADLs

- See Supplemental Assessment      Comments:
- Laundry
- Shopping/Errands
- Meal Management
- Housework/Home Maintenance
- Transportation
- Financial Management
- Phone Use
- Other (specify):

## INTERDISCIPLINARY ASSESSMENT

<b>Name:</b>	<b>PARIS ID:</b>
--------------	------------------

### Mobility

- See Supplemental Assessment**                      **Comments:**
- Wheelchair Seating/Mobility
  - Gait/Ambulation
  - Falls
  - Stair Climbing
  - Transfers
  - Bed Mobility
  - Power Mobility
  - Home/Community Access
  - Balance
  - Endurance
  - Environmental Barriers
  - Other (specify):

### Vision

- See Supplemental Assessment**                      **Comments:**
- Impaired Vision
  - Glasses
  - Other (Specify):

### Vocation and Leisure

- See Supplemental Assessment**                      **Comments:**
- Employment/Education
  - Volunteer Work
  - Leisure/Recreation
  - Other (specify):

## E. Mental Health & Cognition

### Cognition/Perception

- See Supplemental Assessment**                      **Comments:**
- Memory
  - Insight/Judgement
  - Executive Function
  - Attention/Concentration
  - Confusion
  - Perceptual Deficit
  - Other (specify):



## INTERDISCIPLINARY ASSESSMENT

<b>Name:</b>	<b>PARIS ID:</b>
--------------	------------------

### Mental Health

- See Supplemental Assessment**                      **Comments:**
- Delusions
  - Hallucinations
  - Anxiety
  - Depression
  - Suicidal Ideation
  - Inappropriate Behaviour
  - Grief
  - Self Harm
  - Coping
  - Medical Assistance in Dying (MAID)
  - Other (specify):

### F. Psychosocial Status

#### Adult Protection

- See ReAct Reporting System**                      **Comments:**
- Risk Of Abuse
  - Risk Of Neglect
  - Risk Of Self-Neglect
  - Other (specify):

#### Advance Care Planning

- See Supplemental Assessment**                      **Comments:**
- Advance Care Planning Needed
  - Other (specify):

#### Cultural/Spiritual

- See Supplemental Assessment**                      **Comments:**
- Culture
  - Spirituality
  - Values and Beliefs Affecting Care
  - Quality of Life
  - Other (specify):

#### Housing And Income

- See Supplemental Assessment**                      **Comments:**
- Unstable Housing/Homeless
  - Income Inadequate For Basic/Care Needs
  - Living Arrangement
  - Other (specify):

## INTERDISCIPLINARY ASSESSMENT

Name:	PARIS ID:
-------	-----------

### Relationships And Supports

- See Supplemental Assessment                      Comments:
- Little Support
  - No Support
  - Family Tensions/Conflict
  - Social Isolation
  - Caregiver Burden
  - Communication
  - Decision-Making Process
  - Sexual Health
  - Other (specify):

### Substance Use

- See CAGE Questionnaire                      Comments:
- Alcohol Use
  - Substance Use
  - Tobacco Use
  - Other (specify):

# INTERDISCIPLINARY ASSESSMENT

Name:	PARIS ID:
-------	-----------

## Allergies - Current *Content may have been entered/updated after assessment completed.*

Date Entered	Allergen	Category	Source	Reaction	Reaction Details
--------------	----------	----------	--------	----------	------------------

## Vital Signs

Recorded Date	BP Sitting	BP Standing	BP Lying	Pulse Per Min.	Heart Rate	Resp Per Min.	Cel.	Fah.	Comments	Recorded By
---------------	------------	-------------	----------	----------------	------------	---------------	------	------	----------	-------------

## Surgeries/Procedures

Surgeries/ Procedures	Date of App.	Details	Recorded By	Date Recorded	Team
-----------------------	--------------	---------	-------------	---------------	------

## Tests/Diagnostics

Type	Test/Diagnostics	Date of App.	Result Outcome	Recorded By	Date Recorded	Team
------	------------------	--------------	----------------	-------------	---------------	------

# INTERDISCIPLINARY ASSESSMENT

Name:	PARIS ID:
-------	-----------

## Weight And Growth Chart

Date Measured	Age	--- Weight --- kg %ile	-- Height -- cm %ile	--- BMI --- %ile	--- Head --- Circumference cm %ile	--% Birth -- Wgt Lost	-- Wgt for -- Length %ile	-- Waist -- Hip cm ratio
---------------	-----	---------------------------	-------------------------	---------------------	--	--------------------------	---------------------------------	--------------------------------

## External Agencies/Other Professionals

Organization	Contact	Telephone	Valid From	Valid To
--------------	---------	-----------	------------	----------

## Equipment Issued

Equipment Type	Equipment Item	Urgency	Period of loan (weeks)	Due Date	Competent with Equipment	Recorded By
----------------	----------------	---------	---------------------------	----------	-----------------------------	-------------

## Diagnosis

Date	Diagnosis Type	Diagnosis	State	Aware?	Comments
------	----------------	-----------	-------	--------	----------

# INTERDISCIPLINARY ASSESSMENT

Name:	PARIS ID:
-------	-----------

## Palliative Version

Prognosis				
Recorded By	Record Date	Prognosis	End Date	Entered at time of Registry?

## Palliative Performance Scale (PPS)

Assessed By	Assessment Date	PPS %	Comments
-------------	-----------------	-------	----------

## Client Instructions for Health Care

Date Recorded	Type	Document Location	Recorded By
---------------	------	-------------------	-------------

## Client Instructions - Legal and Financial

Date Recorded	Type	Document Location	Recorded By
---------------	------	-------------------	-------------

## Health Care Decision Maker

Date Recorded	Substitute Decision Maker	Contact	Association	Phone Number	Alternate Number	Comments
---------------	---------------------------	---------	-------------	--------------	------------------	----------

Note: Once downtime information from this form has been entered in PARIS, shred this working sheet

----- End of Report -----