Example Care Needs Assessment Document

Can the individual:	Yes	No	Comment
Cooperate with staff for their care?			
Understand prompts and Guidance?			
Answer the telephone?			
Hold a telephone conversation?			
Raise concerns if required?			
Financial Assessment Needs	**Yes**	**No**	**Comment**
Is the Service user able to manage their money?			
Does the Service user have access to financial support e.g. Power of Attorney?			
Is money/credit card left in plain sight in the home?			
Will staff be required to be responsible for supporting with managing money?			
Service User's Religious, Cultural and Preferences	**Yes**	**No**	**Comment**
Are there any specific cultural or religious requirements that the service needs to consider for the individual?			

Are there any specific cultural and/or cultural dietary requirements?			
Are there any cultural or religious hair care needs?			
Are there any Skin/hair/Personal Care requirements?			
Is there any further information required due to the cultural/personal/religious beliefs and preferences of the individual?			
Service User's Personal Care Assessment	**Yes**	**No**	**Comment**
Ability to attend to personal care - unaided			
Ability to attend personal care – with support			
Does the service user have, or are they at risk of, pressure ulcers? ***Undertake a Waterlow or Braden Scale risk Assessment before answering this question:***			
Are there any considerations that staff need to be aware of to ensure and maintain the service user's dignity?			Please specify:
Does the service user need assistance with washing?			Please identify their preferences and routine:

Does the service user need assistance with bathing/showering?			Please identify their preferences and routine:
Does the service user need assistance with tooth/denture care?			Please identify their preferences and routine:
Does the service user need assistance with prosthesis or artificial limbs?			Please identify their preferences and routine:
Continence Management	**Yes**	**No**	**Comments**
Is the service user self-managing?			If not please specify support required.
Do they have a catheter in situ?			Please specify and any support needs:
Is there a stoma/colostomy?			
Does the service user use continence aids (e.g. pads)?			Please identify their preferences and routine:
Is the service user prone to urinary tract infections (UTI)?			Please identify frequency and any other considerations:
Does the service user use a commode?			Please provide details of when, location and cleaning routine.
Does the service user have continence issues/concerns which need escalation to their GP for continence advice?			If so please specify action taken, including date and signature/name of person escalating the concern.
Service User – Food Management	**Yes**	**No**	**Comments**
Does the service user suffer from any allergies? (please specify)			
Is the service user able to do their shopping?			
Is the service user at risk of poor diet/nutrition/hydration intake?			Is a Nutrition and Hydration risk assessment in place?

Service User Medication	Yes	No	Comments
Who is responsible for currently obtaining your medication?			
Where is the medication stored?			
Is it locked away? Check for lock/key, or a code?			
Is the medication properly stored? Refrigerated where needed, all in one location? (away from a heat sources)			
Please detail where all medications are kept including creams and topical medicines.			