

INTERVIEW OF A PERSONAL SUPPORT WORKER

Marcel Marzec Wielospecjalistyczny Szpital Miejski **0803**
 First name, last name ul. Orna 5, 60-963Poznań Card number
Aleksandra Kwiecień Stamp of the entity 23.03.2022
 Personal support worker The date

Address Ul. Rolna 98, 60-986 Kletno Sex M Marital status... widower...
 Certificate of disability YES NO Home care FAMILY CARER OTHER
 PACEMAKER YES NO CONTACT LENSES YES NO GLASSES YES NO
 LIMB PROSTHESIS YES NO UPPER YES NO DOWN YES NO
 DENTURE PROSTHESIS UPPER YES NO DOWN YES NO
 HEARING AID YES NO WHEELCHAIR YES NO NO WALKING AIDS YES NO
 OTHER

STATE OF MIND, MENTAL STATE (speech, behavior, mood)

<u>CALM</u>	CONTACT	AROUSSED	DIFFICULT CONTACT	NONE
DOES HE KNOW WHO HE IS		<u>YES</u> AT TIMES	NO	
TIME ORIENTATION		YES <u>AT TIMES</u>	NO	
LOCATION ORIENTATION		<u>YES</u> AT TIMES	NO	
COMMUNICATION	SEE	<u>YES</u> DIFFICULTIES	NO	
	TALK	YES <u>DIFFICULTIES</u>	NO	
	HEAR	<u>YES</u> DIFFICULTIES	NO	

SOCIAL STATUS – CONTACT WITH FAMILY

GOOD LOW WRONG NON LONELY

NUTRITION – DIET

GENERAL PAP SPECIAL* EASILY DIGESTIBLE NON-INTESTINAL** SONDA**
 OTHER

ALLERGIES AND SENSITIVITIES

Level of dependence (Barthel scale) O – total (0–20 points), P – considerable (20–80 points), A – moderate (80–100 points)

L.P.	ACTIVITY NAME	Point value
1.	Eating out 0 = unable 5 = needs help cutting, spreading butter, etc., or requires modified diet 10 = independent	5

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2.	Bathing 0 = dependent 5 = independent (or in shower)	10
3.	Grooming 0 = needs to help with personal care 5 = independent face/hair/teeth/shaving (implements provided)	5
4.	Dressing 0 = dependent 5 = needs help but can do about half unaided 10 = independent (including buttons, zips, laces, etc.)	5
5.	Bowels 0 = incontinent (or needs to be given enemas) 5 = occasional accident 10 = continent	0
6.	Bladder 0 = incontinent, or catheterized and unable to manage alone 5 = occasional accident 10 = continent	0
7.	Toilet use 0 = dependent 5 = needs some help, but can do something alone 10 = independent (on and off, dressing, wiping)	0
8.	Transfers (bed to chair and back) 0 = unable, no sitting balance 5 = major help (one or two people, physical), can sit 10 = minor help (verbal or physical) 15 = independent	5
9.	Mobility (on level surfaces) 0 = immobile or <50 yards 5 = wheelchair independent, including corners, >50 yards 10 = walks with help of one person (verbal or physical) >50 yards 15 = independent (but may use any aid; for example, stick) >50 yards	10
10.	STAIRS 0 = unable 5 = needs help (verbal, physical, carrying aid) 10 = independent	5
	AMOUNT	45

CARE CATEGORY

MINIMALAN CARE – independent patient

MODERATE CARE – patient requires assistance with some activities

EXTENDED CARE – patient requires assistance with all activities

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PERIODIC TREATMENTS AND CHECKS*

MEDICAL

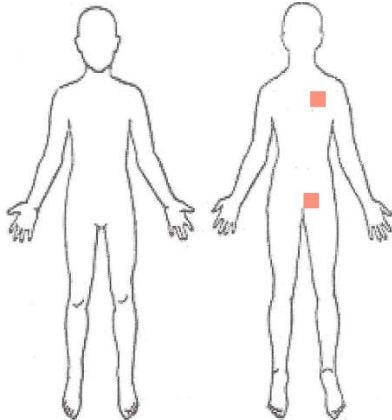
NURSING

REHABILITATION

THERAPEUTIC

OTHER

TICKS SORES



NOTES

* WRITE WHAT ON THE BACK OF THE CARD

** SHALL BE CARRIED OUT BY A PERSON PROFESSIONALLY QUALIFIED TO CARRY OUT THIS ACTIVITY