



Hospital Assessment

This assessment gives hospital staff important information about you. Please take it with you if you have to go into hospital. Ask the hospital staff to hang it on the end of your bed.

Please note: Value judgements about quality of life must be made in consultation with you, your family, people who care for you and other professionals. This includes Resuscitation Status.

Make sure that all the nurses, doctors and support people who look after you read this assessment.

RED ALERT

Things you MUST know about me.

Name:	Address:	Health Card Number:
Date of Birth:	Phone number:	
Family doctor: Phone number: Address:	Next of Kin: Relationship: Phone number:	
Professional(s) involved: Role: Phone number:	Religious/ cultural considerations:	
Allergies:	Current medication:	Current medical conditions:
Brief medical history:	Level of comprehension/ capacity to consent:	Tips/ tricks on how to make medical interventions most successful for me:
	Behaviours that might be challenging or cause risk:	
Eating and drinking issues:	Heart issues:	Breathing/ Respiratory issues:
Completed by: _____ Date: _____		

YELLOW ALERT

Things that are very important to me.

Communication:

How to communicate with me.

Information sharing:

How to help me understand things.

Seeing/ hearing problems:

Problems with sight/ sound.

Eating:

How to prepare food, choking, help needed.

Drinking:

Amounts, choking.

Going to the toilet:

Continence aids, help needed.

Moving around:

Posture in bed, mobility aids, help needed.

Taking medication:

Tablets, injections, syrup.

Pain:

How you know I'm in pain.

Sleeping:

Sleeping pattern, sleep routine

Keeping safe:

Bed rails, managing behaviours, wandering.

Personal care:

Dressing, bathing, etc.

Level of support:

Who needs to stay and how often.

Completed by: _____

Date: _____

GREEN ALERT

Things I would like/ dislike; My preferences.

I would like if you:

I would be upset if you:

Things that upset me:

Things that help relax me:

Things that make me happy:

Activities I enjoy:

The way I like being spoken to/ interacted with:

Food preferences:

I feel safe when:

Routines:

Special considerations:

Completed by: _____ Date: _____