AlfredHealth

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☐ Alfred ☐ Sandringham ☐ Caulfield

ABOUT ME QUESTIONNAIRE

Family Name*		Given Name*	
Date of Birth*		Sex ☐ Female ☐ Male ☐ Other	

*mandatory fields

Steps to completing this questionnaire

1. Save questionnaire to your computer
2. Answer questions
3. **email to** homecarepackages@alfred.org.au
4. **or** post to: Alfred Health Home Care Packages
   Ashley Ricketson Centre, Caulfield Community Health Service
   260 Kooyong Road, Caulfield, VIC, 3162

We want to get to know you better. Can you tell us a little about yourself?

This will help us to provide the best care we can.

You may ask a family member, friend or one of our team if you would like some help.

- Home Care Packages – **9076 6864** between 8:00am - 4:30pm Monday to Friday

The name you like to be called is		
Who do you live with? Eg, other people, pets		
Can you tell us the details of two important people to you? This is who we would contact if we couldn't get in contact with you, or in the case of emergency.	Name	
	Relationship	
	Telephone	
	Name	
	Relationship	
	Telephone	
What is your preferred language?		
Do you need an interpreter when we talk with you?	☐ Yes ☐ No for general discussions ☐ Yes ☐ No for health information discussions	

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Family Name*		Given Name*	

Tell us about yourself. Eg, are you married, do you have children, what work did you do?	
What is important to you? Eg, what is meaningful to you in life, what do we need to know about you to best support you at home?	
What are your daily routines, habits and activities? Eg, what would a typical day look like for you, what do you need to do or like to do, do you have a set and regular routine, or is every day or week quite different?	
What is the best way to communicate with you? Eg, mobile phone, home phone, email. Do you have an iPad or computer at home?	
What are your preferences for direct care givers? Eg, male or female, age, personality or characteristics	
What do you hope to achieve from a Home Care Package? Eg. How will the home care package help you?	
What are your main health concerns?	
Have you ever missed doses of your medications?	☐ Yes ☐ No ☐ Sometimes
What do you take your medications from? Eg, Webster pack, dosette box or from original packets or containers	
How do you get your medications from the chemist?	

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Question	Response
How would you describe your general health?	☐ Good ☐ Fair ☐ Poor
Do you have any difficulty with your vision?	☐ Yes ☐ No ☐ Sometimes, describe
Do you wear glasses or use any other aids for seeing?	☐ Yes ☐ No
Do you have any difficulty with your hearing?	☐ Yes ☐ No ☐ Sometimes, describe
Do you wear hearing aids or use any other aids for hearing?	☐ Yes ☐ No
Do you wear dentures?	☐ Yes ☐ No
Do you have any difficulty with your communication? Eg, understanding or expressing yourself	☐ Yes ☐ No If yes, describe
Do you have any issues with your nutrition? Eg, planning or preparing meals, swallowing, poor appetite, maintaining your weight	☐ Yes ☐ No If yes, describe
Do you have any areas of skin breakdown? Eg. tear, blister, burn, wound, ulcer	☐ Yes ☐ No If yes, describe
Do you smoke? If yes, how many and how often	☐ Yes ☐ No
Do you drink alcohol? If yes, how much and how often	☐ Yes ☐ No
Do you use any non-prescription drugs or other substances?	

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Let us know other people who are involved in your care:
Name, address, telephone number

General practitioner	
Pharmacist	
Optometrist / ophthalmologist	
Hearing specialist	
Dentist	
Podiatrist	
Physiotherapist	
Occupational Therapist	
Geriatrician	
Dietician	
Other specialist/s	

People assisting in the completion of this questionnaire	Name/s	
	Relationship	

Thank you for taking the time to share this information about yourself

Email completed questionnaire to homecarepackages@alfred.org.au