

Intake Checklist for patients with OPA Appointed Guardians (aged 65+)

<p>Has a discussion been held with the person about their will and preferences? <i>Please provide Guardian with written summary. Date of discussion:</i></p>	Yes	No
<p>If will and preferences can not be obtained, has believed will and preferences been explored? <i>Please provide Guardian with written details. Date of discussion:</i></p>	Yes	No
<p>Are there conflicting views on the proposed decision? (i.e. interested parties/family) <i>Please provide Guardian with written details.</i></p>	Yes	No
<p>Does the person live alone? <i>Please provide Guardian with written details.</i></p>	Yes	No
<p>Does the person live in their own home? <i>Please provide Guardian with written details.</i></p>	Yes	No
<p>Does the person live in private rental? <i>Please provide Guardian with written details.</i></p>	Yes	No
<p>Does the person live in public housing/community housing? <i>Please provide Guardian with written details.</i></p>	Yes	No
<p>Does the person live in supported accommodation? <i>Please provide Guardian with written details.</i></p>	Yes	No
<p>Does the person have INFORMAL home and living supports? <i>Please provide Guardian with written details.</i></p>	Yes	No
<p>Does the person have FORMAL home and living supports? <i>Please provide Guardian with written report from provider.</i></p>	Yes	No
<p>How are the supports funded? (Please tick) <input type="checkbox"/> HCP <input type="checkbox"/> Self-funded <input type="checkbox"/> GEM at home <input type="checkbox"/> Home based TCP <input type="checkbox"/> Other (please provide details)</p>		
<p>Has a discussion been held with the person about the proposed decision? <i>Please provide Guardian with written details. Date of discussion:</i></p>	Yes	No
<p>Is the person agreeable to the proposed decision? <i>Please provide Guardian with written details.</i></p>	Yes	No
<p>Have less restrictive options been explored? (i.e. trial at home with services) <i>Please provide Guardian with written details.</i></p>	Yes	No
<p>Has the decision been discussed with the administrator? <i>Please provide Guardian with written details. Date of discussion:</i></p>	Yes	No
<p>Does the person's financial status support the proposed decision? <i>Please provide Guardian with written details if available.</i></p>	Yes	No

<p>If available, please provide the following reports (Please tick)</p>	
<input type="checkbox"/> Care summary	<input type="checkbox"/> Neuropsychology report
<input type="checkbox"/> OT functional capacity assessment	<input type="checkbox"/> Social worker
<input type="checkbox"/> OT home visit conducted	<input type="checkbox"/> Current ACAS?
<input type="checkbox"/> Physiotherapist	<input type="checkbox"/> Other relevant reports