

A1 Previous assessments

Date (DD / MM / YYYY):

Worker name

Claim number

Family member or nominated person

Relationship and contact number

icare coordinator

Name

Contact details

Planning facilitator details

Name

Phone

Email

Standard assessments, therapy reports (most recent)	Date completed	Notes
CANS Level		
ASIA Score		
Other assessments*	Key points to note from these assessments	

Other relevant information:

* e.g. Overt behaviour scale, Vision/optometrist assessment, Berg balance scale, MPAAI, neuropsychological assessment, ULMS, occupational therapy assessment, physiotherapy assessment, speech assessment, Discharge Destination Form (DDF), COPS

A2 Planned assessments, reports, or routine appointments

Date (DD / MM / YYYY):

Planning facilitator

Worker name

Contact details

Claim number

Description of the assessment, report or routine appointments*	Relevant dates	Person responsible, and their contact details

* e.g vision test, care needs review, wheelchair assessment, 6 weekly podiatry appointment.
Note: Excludes regular therapy and treatment appointments (as these should be documented in the goals)

A3 Current living arrangements

Date (DD / MM / YYYY):

Worker name

Claim number

Planning facilitator

Contact details

Is this a different place (dwelling) to the one you lived in before your injury? Is there a change in where you live since the last review of your Plan? (if relevant)

What type of dwelling is your home? (e.g. apartment, free-standing house, townhouse, farm, caravan)

Do you own your home, or do you rent?

1. Own home
2. Rented home (specific e.g. private rental, through Housing NSW, through a relative or friend)
3. Supported accommodation (e.g. group home, hostel, retirement village)
4. Residential facility (e.g. nursing home)

If there were modifications to the home because of your injury, are these working well for you?

Living arrangements

Who do you live with? What is your relationship to them?

Name

Relationship

Name

Relationship

Name

Relationship

Name

Relationship

Name

Relationship

Name

Relationship

Potential problems (risks) with your home

What problems do you think there might be with your current home in the future? (e.g. your home is a private rental and modifications are needed, or you think the owner wants to sell the home)

In the future, do you think there might be changes to who you live with? (e.g. the worker's sister is due to move back into the home with her new baby) How would you feel about that if it happened?

Worker comments:

Family comments

Planning facilitator comments

Additional information and comments

A4 Thinking about you

Other relevant or additional information

Date (DD / MM / YYYY):

Worker name

Claim number

Planning facilitator

Contact details

What is the most important thing to you at the moment?

Your strengths

What are your strengths?

What are your main concerns right now?

A5 Activities and participation

Date (DD / MM / YYYY):

Planning facilitator

Worker name

Contact details

Claim number

The worker (or nominated representative), family member (or informal support person) and the planning facilitator are involved in rating.

i. Communication

How often do you need support to communicate when talking to people? Understand other people? Make people understand you? (in your preferred language)

	Always	Frequently	Sometimes	Periodically	Need no support
Worker					
Family member					
Planning Facilitator					

Would more aids or equipment help? Yes No

Additional questions Do you have any problems with your voice or speech (e.g. finding the word you want to say)?

Do you need support to use the telephone? Or other communication like email?

Comments on communication:

ii. Moving around

How often do you need support to change positions and keep your body in a position, like sitting on a stool without a back support? Change your position to be more comfortable?

	Always	Frequently	Sometimes	Periodically	Need no support
Worker					
Family member					
Planning Facilitator					

Would more aids or equipment help? Yes No

How often do you need support to stand for a while?

Always Frequently Sometimes Periodically Need no support

Worker

Family member

Planning Facilitator

Would more aids or equipment help? Yes No

How often do you need support to transfer? (if relevant)

Always Frequently Sometimes Periodically Need no support

Worker

Family member

Planning Facilitator

Would more aids or equipment help? Yes No

Comments:

How often do you need support to handle/hold objects with your hands, carry them and move around with them?

Always Frequently Sometimes Periodically Need no support

Worker

Family member

Planning Facilitator

Would more aids or equipment help? Yes No

Comments:

How often do you need support to move around your home?

Always Frequently Sometimes Periodically Need no support

Worker

Family member

Planning Facilitator

Would more aids or equipment help? Yes No

Comments: Do you get dizzy when you move around?

How often do you need support to move around in the community, e.g. using stairs, in a car or on public transport?

Always Frequently Sometimes Periodically Need no support

Worker

Family member

Planning Facilitator

Would more aids or equipment help? Yes No

Comments: Do you get dizzy or lose your balance? When does this happen?

iii. Self-care activities

How often do you need support to have a shower/bath and wash yourself? Dry yourself? Wash your hair or clean your teeth?

Always Frequently Sometimes Periodically Need no support

Worker

Family member

Planning Facilitator

Would more aids or equipment help? Yes No

Comments:

How often do you need support to go to the toilet?

Always Frequently Sometimes Periodically Need no support

Worker

Family member

Planning Facilitator

Would more aids or equipment help? Yes No

Comments:

How often do you need support to choose your clothes and get dressed?

Always Frequently Sometimes Periodically Need no support

Worker

Family member

Planning Facilitator

Would more aids or equipment help? Yes No

Comments:

How often do you need support to eat and drink?

Always Frequently Sometimes Periodically Need no support

Worker

Family member

Planning Facilitator

Would more aids or equipment help? Yes No

Comments:

How often do you need support to manage your diet? Take your medication? Know when you need to seek help, like visiting the doctor?

Always Frequently Sometimes Periodically Need no support

Worker

Family member

Planning Facilitator

Would more aids or equipment help? Yes No

Comments:

iv. Relationships

How often do you need support to get along with people? e.g. making and keeping friends, having intimate relationships, behaving within accepted limits, coping with feelings and emotions

Always Frequently Sometimes Periodically Need no support

Worker

Family member

Planning Facilitator

Would more aids or equipment help? Yes No

Comments: Do you know and understand why, if someone gets upset with what you have done?

v. How you learn, and knowing your day to day routine

How often do you need support to learn something new or a new skill, and then doing it? e.g use a new appliance

Always Frequently Sometimes Periodically Need no support

Worker

Family member

Planning Facilitator

Would more aids or equipment help? Yes No

Additional questions: How is your memory? Are you able to store information and remember it when you need to? (e.g. example that requires recall after two or more hours).

Can you focus on a task for the time you need to?

Comments:

How often do you need support to plan what you need to do for the day, or week? Make decisions? Solve problems?

(provide an example appropriate to the worker)

Always Frequently Sometimes Periodically Need no support

Worker

Family member

Planning Facilitator

Would more aids or equipment help? Yes No

Additional questions: Do you know when something is too risky?

How do you go and manage to work out what you should do, planning it and then organising how you should do it?

Do you find that you work out how much time it will take to do something, and then you leave yourself the right amount of time to do things you need to do?

Comments:

**How often do you need support to carry out different tasks at the same time? Manage your routine?
Work out your priorities?**

Always Frequently Sometimes Periodically Need no support

Worker

Family member

Planning Facilitator

Would more aids or equipment help? Yes No

Additional questions: Can you shift your focus between two or more things at the same time?

If something doesn't work out as you planned or expected, do you usually manage to work out a solution?

Comments:

vi. Responsibilities at home

How often do you need support to prepare meals for yourself or others? (discuss simple and complex meals)

Always Frequently Sometimes Periodically Need no support

Worker

Family member

Planning Facilitator

Would more aids or equipment help? Yes No

Comments:

How often do you need support to do jobs around the house? (e.g. washing and drying clothes, cleaning, home maintenance, gardening)

Always Frequently Sometimes Periodically Need no support

Worker

Family member

Planning Facilitator

Would more aids or equipment help? Yes No

Comments:

How often do you need support to do your shopping? (e.g. groceries, personal items)

Always Frequently Sometimes Periodically Need no support

Worker

Family member

Planning Facilitator

Would more aids or equipment help? Yes No

Comments:

vii. Major areas of your life

Note: only add ratings and comments for the following as relevant to the worker.

How often do you need support with education (e.g. school, TAFE, University)?

Always Frequently Sometimes Periodically Need no support

Worker

Family member

Planning Facilitator

Would more aids or equipment help? Yes No

Comments:

How often do you need support with work and employment (including voluntary work)?

Always Frequently Sometimes Periodically Need no support

Worker

Family member

Planning Facilitator

Would more aids or equipment help? Yes No

Comments:

How often do you need support with recreational activities and hobbies? Spiritual life e.g church/religious activities? Other activities?

Always Frequently Sometimes Periodically Need no support

Worker

Family member

Planning Facilitator

Would more aids or equipment help? Yes No

How often do you need support with doing things for yourself that you need to do, and moving towards what you want to do? (energy and drive)

Always Frequently Sometimes Periodically Need no support

Worker

Family member

Planning Facilitator

Would more aids or equipment help? Yes No

Additional questions: Do you think you get tired easily?

How is your sleeping?

Comments:

A6 Personal considerations

Date (DD / MM / YYYY):

Worker name

Claim number

Planning facilitator

Contact details

People involved in the assessment?

How well do you manage when you feel under pressure or when you are stressed? e.g. How well do you manage when you need to respond to an emergency or call for assistance?

Family comments:

Planning facilitator's comments:

How do you think you are going with adjusting to your different circumstances?

Are you keen to try things in a different way, or try new activities?

Family comments:

Family comments:

Planning facilitator's comments:

Planning facilitator's comments:

How do you react to what is happening around you? Do you think you respond differently to how you did before your injury?

Do you look forward to the next day? Are you keen to try and do some of the things that you like to do?

Family comments:

Family comments:

Planning facilitator's comments:

Planning facilitator's comments:

A7 Wellbeing and quality of life

The planning facilitator does not send the entire completed form to icare, just insert the scores from the completed WHO-QoL below.

Please use WHO-QoL calculator provided to calculate scores.

WHO-QoL scores

Insert below the scores from the completed WHO-QoL.

Worker name

Item 1 score (overall quality of life score)*

Claim number

Item 2 score (overall well being score)*

Date completed (DD / MM / YYYY):

Domain	Raw score	Transformed score*
Physical		
Psychological		
Social relationships		
Environment		

* Higher scores denote higher quality of life

Comment:

A8 Formal and informal supports

Date (DD / MM / YYYY):

Planning facilitator

Worker name

Contact details

Claim number

A8.1 Summary of current formal supports funded by icare (where relevant)

Name of formal support (icare funded)	Description of support	Worker use (e.g frequency)	Comments (e.g. existing or potential barriers, concerns and perceived potential risks)

How do you think things are going with your icare funded supports?

Family comments:

Planning facilitator's comments:

A8.2 Summary of formal supports funded by other organisations or the family

Consider supports you currently access, as well as those supports that you may be able to use to support you.

Name of formal support, paid by my family or other organisations (e.g. domestic assistance, gardening)	Description of support	Worker use (e.g frequency)	Comments (e.g. existing or potential barriers, concerns and perceived potential risks)

Worker comment:

Family comments:

Planning facilitator's comments:

A8.3 Summary of current informal supports

Informal supports are activities that people do that are not paid. Most people have some informal supports, as well as providing support to others (e.g. doing things for a family member).

Name of informal support	Description of support	Worker use (e.g frequency)	Comments (e.g. existing or potential barriers, concerns and perceived potential risks)
Support from people around you at home that are not paid			
Support from your friends, and other family members who do not live with you			
Other community organisation supports			
Attitudes of people around you			

Worker comment:

Family comments:

Planning facilitator's comments:

What (if any) supports do you think you need, that you are not getting now?

Additional information (e.g. from family as appropriate)