0	ħ	· · k	:# <b>'V</b>	•	••				
Name	e:			Date:					
Carer	residency st	tatus: Co – resident	Carer 🗆	] N	Non – res	sident Carer			
Relati	ionship of ca	irer to care recipient	<u>t:</u> Partne	r 🗆	Family [	☐ Friend ☐	Neighbou	ır 🗆	
Does	the carer ha	ve someone to help			□Yes	□ No	☐ Unsure		
Does the Carer receive a Carer Payment or allowance?							□Yes	□ No	☐ Unsure
Has Carer been given information about available support services?							□Yes	□ No	☐ Unsure
Does Carer need practical training in managing medication or other tasks? ☐ Yes ☐ No ☐ Unsure									☐ Unsure
If 'not sure' or 'no' to any of the above, provide information and assistance to arrange required support services.									
<u>Current threat to Carer arrangements – Tick all that apply</u>									
Carer- acute physical exhaustion/ illness $\hfill\Box$ Carer- emotional stress and strain									
Carer- slow physical health deterioration   Carer- factors unrelated to care situation								on 🗆	
Consumer- increasing needs $\Box$ Consumer- other factors $\Box$									
Are Carer arrangements sustainable without additional services or support?									
No, h	ave already	broken down 🗆 🕦	Yes, but o	nly we	eeks 🗀	Yes, month	ns 🗆 Yes,	years □	Unsure $\square$
Complete actions on Carer issues - including whether emergency arrangements are in place.									
	Care	r Issue/s	Tick if relevan	t			Action		
If Ca	rer requires	HACC or HACC-like							
serv	rices								
Ноз	lth conside	er the carer's							
	rall health, a								
		ilities, use of							
	licine								
Psyc	chosocial – co	onsider the carer's							
men	ntal health ar	nd emotional well-							
	ig, personal a								
	-	and personal							
	tionships								
		s and ability to							
Carr	y out activiti	es of daily living							
Hea	Ith behaviou	rs – consider the							
	er's lifestyle i								
	•	r prevention and							
heal	lth promotio	n							
		health – consider							
	_	garrangements,							
nous	sing, work, fi	inancial and legal	Ī	1					