DRAFT 3 – March 2008

PLEASE USE GUMMED LABEL IF AVAILABLE

SURNAME	UNIT NUMBER
OTHER NAMES	
ADDRESS	
DATE OF BIRTH	M.O.

Rankin Park Centre Day Hospital

Parkinson's Assessment Information

Program start date …./…./…. Program end date …./…./…. Follow-up date …./…./….

Source of referral ……

Is the patient falling? YES ☐ NO ☐

Falls: Slip ☐ Trip ☐ Dizziness ☐ Mechanisms of fall ……

Risk: High ☐ Medium ☐ Low ☐

Other relevant information:

……

……

Program required

- ☐ Individual Parkinson's program
- ☐ 8 week Parkinson's Disease/Disorders Exercise/Educational Program Course at RPC Day Hospital recommended

Walking Aid

Independent ☐ Frame ☐ Quad stick ☐ Stick ☐ Assistance required

Parkinson's Education Course Attendance

Exercise Program Aims: To teach participants the appropriate exercises and activities to improve / maintain their functional capabilities

Week 1	Medical issues & what to look out for when taking medications	
Week 2	Social & Community Supports	
Week 3	Continence Advice & Management	
Week 4	Mobility Hints & Tips	- Carers ☐
Week 5	Speech, swallowing and voice problems	
Week 6	ADL's, Equipment and tips for making life problems easier	
Week 7	Preventing Falls and how to get up off the floor	- Carers ☐
Week 8	Community Access, Final Evaluation and Party	

Timed Get Up and Go Test:

<10 = low risk > 20 = high risk

On admission _____

On discharge _____

MMSE:

Fear of falling
Howland

On admission
On discharge

Confidence assessment Scale
Total Points
Maximum Total = 140 Tinetti

On admission
On discharge

Leg strength kg R - leg
L - leg

On admission
On discharge

Date:…… Name: …… Designation: …… Signature: ……

Confidence assessment: Circle Scores

(Tinetti et al 1990, Hill et al 1998, MacKenzie 2003)

Please select a number between 0 & 10 for each activity depending on how confident you feel. **We are not asking you whether you are having difficulty doing these things – just how concerned you are about the possibility of falling while doing them.**

ADMISSION SCORES	NOT CONFIDENT										VERY CONFIDENT
Get dressed and undressed	0	1	2	3	4	5	6	7	8	9	10
Prepare simple meals	0	1	2	3	4	5	6	7	8	9	10
Take a bath or shower	0	1	2	3	4	5	6	7	8	9	10
Get in and out of a chair	0	1	2	3	4	5	6	7	8	9	10
Get in and out of bed	0	1	2	3	4	5	6	7	8	9	10
Answer the door or phone	0	1	2	3	4	5	6	7	8	9	10
Walk around indoors	0	1	2	3	4	5	6	7	8	9	10
Reach into cupboards	0	1	2	3	4	5	6	7	8	9	10
Light housekeeping	0	1	2	3	4	5	6	7	8	9	10
Simple shopping	0	1	2	3	4	5	6	7	8	9	10
Using public transport	0	1	2	3	4	5	6	7	8	9	10
Crossing roads	0	1	2	3	4	5	6	7	8	9	10
Light gardening, hanging washing	0	1	2	3	4	5	6	7	8	9	10
Using front or rear steps at home	0	1	2	3	4	5	6	7	8	9	10

TOTAL: _____

How afraid are you that you will fall and hurt yourself in the next year?

Very afraid ☐ Fairly afraid ☐ A little afraid ☐ Not at all afraid ☐ (Howland et al 1998)

DISCHARGE SCORES	NOT CONFIDENT										VERY CONFIDENT
Get dressed and undressed	0	1	2	3	4	5	6	7	8	9	10
Prepare simple meals	0	1	2	3	4	5	6	7	8	9	10
Take a bath or shower	0	1	2	3	4	5	6	7	8	9	10
Get in and out of a chair	0	1	2	3	4	5	6	7	8	9	10
Get in and out of bed	0	1	2	3	4	5	6	7	8	9	10
Answer the door or phone	0	1	2	3	4	5	6	7	8	9	10
Walk around indoors	0	1	2	3	4	5	6	7	8	9	10
Reach into cupboards	0	1	2	3	4	5	6	7	8	9	10
Light housekeeping	0	1	2	3	4	5	6	7	8	9	10
Simple shopping	0	1	2	3	4	5	6	7	8	9	10
Using public transport	0	1	2	3	4	5	6	7	8	9	10
Crossing roads	0	1	2	3	4	5	6	7	8	9	10
Light gardening, hanging washing.	0	1	2	3	4	5	6	7	8	9	10
Using front or rear steps at home	0	1	2	3	4	5	6	7	8	9	10

TOTAL: _____

How afraid are you that you will fall and hurt yourself in the next year?

Very afraid ☐ Fairly afraid ☐ A little afraid ☐ Not at all afraid ☐ (Howland et al 1998)

Can we ring you in six months? **Yes ☐** **No ☐**

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6 MONTH FOLLOW-UP SCORES	NOT CONFIDENT										VERY CONFIDENT
Get dressed and undressed	0	1	2	3	4	5	6	7	8	9	10
Prepare simple meals	0	1	2	3	4	5	6	7	8	9	10
Take a bath or shower	0	1	2	3	4	5	6	7	8	9	10
Get in and out of a chair	0	1	2	3	4	5	6	7	8	9	10
Get in and out of bed	0	1	2	3	4	5	6	7	8	9	10
Answer the door or phone	0	1	2	3	4	5	6	7	8	9	10
Walk around indoors	0	1	2	3	4	5	6	7	8	9	10
Reach into cupboards	0	1	2	3	4	5	6	7	8	9	10
Light housekeeping	0	1	2	3	4	5	6	7	8	9	10
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Crossing roads	0	1	2	3	4	5	6	7	8	9	10
Light gardening, hanging washing	0	1	2	3	4	5	6	7	8	9	10
Using front or rear steps at home	0	1	2	3	4	5	6	7	8	9	10

TOTAL: _____

How afraid are you that you will fall and hurt yourself in the next year?

Very afraid ☐ Fairly afraid ☐ A little afraid ☐ Not at all afraid ☐ (Howland et al 1998)