Adult Questionnaire

	Yes	No
Does the participant identify as: • Aboriginal • Torres Strait Islander • South Islander	☐ ☐ ☐	☐ ☐ ☐
Is the participant demonstrating a loss of skills, or a regression of skills?	☐	☐
Does the participant have a neurological or progressive condition (Parkinson's Disease, Multiple sclerosis, Motor Neuron Disease, Stroke, Brain injury)?	☐	☐
Has the participant gained or lost weight recently?	☐	☐
Has the participant been admitted to hospital in the last 12 months?	☐	☐

Psychology/ Behaviour Therapist/ Counselling

"Life Choice is not a crisis service, if you are experiencing a crisis and are at risk please call Lifeline on 13 11 14 or emergency services on 000 if required."

Are there any previous or current concerns regarding the participant and the following?

	Yes	No
Risk of harm to self and/or others	☐	☐
Domestic and family violence	☐	☐
Are there any court orders/ interventions in place (parenting, domestic violence)?	☐	☐

Comments:

Speech Therapy:

	Yes	No
Does the participant have a way to communicate their basic needs?	☐	☐
How does the participant primarily communicate?		
• Sounds	☐	☐
• Body movements/ gestures/ Facial expressions	☐	☐
• Pictures	☐	☐
• Signs	☐	☐
• Written words	☐	☐
• AAC device	☐	☐
• Shorter phrases (1-4 words)	☐	☐
• Longer phrases/ full sentences	☐	☐
Is the participant stuttering? Has this been happening for more than 3 months?	☐	☐
Is the participant eating less than 30 foods?	☐	☐
Does it take 30 minutes or longer to feed this participant/for this participant to eat?	☐	☐
Have you noticed any of the following during eating or drinking:		
• Choking	☐	☐
• Gagging	☐	☐
• Coughing	☐	☐
• Gurgly voice	☐	☐
• Distress for the participant and/or caregiver	☐	☐
Has the participant had any recent chest infections or pneumonias in the past 3-6 months?	☐	☐

Comments:

Exercise Physiology

	Yes	No
Does the participant have any activity of daily living that they have difficulty doing due to pain, weakness or poor coordination? Would the participant like to improve their function of these tasks?	☐	☐
Does the participant have a chronic disease diagnosis such as type 2 diabetes, cardiovascular disease, respiratory disease (chronic bronchitis, emphysema) and/or osteopenia or osteoporosis?	☐	☐
Does the participant have any chronic joint, muscle, tendon or ligament diagnosis that impacts on their quality of life or affects their ability to complete functional tasks?	☐	☐
Does the participant have difficulty with balance and coordination? Has the participant had a fall in the last 12 months?	☐	☐

Comments:

Physiotherapy

	Yes	No
Does the participant urgently need a walking aid/ equipment to enable them to walk/ move/ transfer safely?	☐	☐
Has the participant had a significant loss of mobility/ function over the last 2 months requiring more help to move/ walk?	☐	☐
Does the participant regularly have falls? Including getting in and out of bed?	☐	☐
Does the participant complain of undiagnosed pain/ injury?	☐	☐
Does the participant complain of acute pain?	☐	☐

Comments:

Occupational Therapy

	Yes	No
Does the participant require the urgent need of equipment (electric bed/chair, wheelchair) or assistive technology to promote their safety?	☐	☐
Is the participant experiencing a cognitive decline in the last 12 months? (memory loss, increased confusion)	☐	☐
Is the participant at high risk/ already experiencing pressure injuries? (bed sores, pressure areas)	☐	☐
Is the participant partaking in behaviours that are putting themselves and others at risk?	☐	☐

Comments:

Dietetics (nutrition)

	Yes	No
Does the participant require assistance with education or decision making around cooking, food shopping, meal planning?	☐	☐
Does the participant live with a chronic disease that is impacting their health, functioning or independence?	☐	☐
Is the participant experiencing bowel concerns (e.g. constipation, diarrhea, loss of appetite)?	☐	☐
Is the participant experiencing fatigue or tiredness that is impacting their functional ability / ability to use required equipment?	☐	☐
Is the participant receiving enteral nutrition or using nutritional supplements?	☐	☐
Does the participant require support around healthy eating?	☐	☐

Comments: