

	<b>Dimensions:</b> <b>Client Perspective</b>	<b>HAO Standard:</b> <b>2.1, 2.2</b>	<b>Policy:</b> <b>Client Perspective #1</b>
	<b>Original Approval Date:</b> <b>February 17, 2003</b>	<b>Date Revised:</b> <b>February 2, 2009</b>	<b>Revision Approval Date:</b> <b>August 31, 2009</b>

**TOPIC:      CLIENT / CAREGIVER ASSESSMENT INFORMATION**

**POLICY STATEMENT:**

Prior to acceptance, NNPCN (N/PS) requires the completion of Referral (Form 018), Assessment (Form 002) and Client Consent (Form 071).

Clients and caregivers are respected as individuals and involved in the development of their Individual Palliative Care Plan (Form 089).

**PROCEDURE:**

1. When a request for service is received, Referral Form (018) is completed by the Program Administrator or delegate.
2. Client is contacted and an appointment for assessment is made
3. Assessment, Individual Palliative Care Plan and Client Consent forms are completed during the initial visit by assigned staff or volunteer. If there is a significant change, the Individual Palliative Care Plan is reviewed/ revised by assigned staff or volunteer.
4. The above forms (attached) contain the following information:
  - Personal information
  - Service information
  - Status of the individual
  - Respite needs of caregiver(s)
  - Caregiver(s) responsibilities
  - Individual care plan
  - Client consent

**REVISION HISTORY:**

<b>DATE mm/dd/yyyy</b>	<b>REVISED BY</b>	<b>REVIEW ONLY (✓)</b>	<b>COMMENTS / MODIFICATIONS</b>	<b>BOARD APPROVAL DATE: mm/dd/yyyy</b>