

PAV Assessment

To be used by assessment officers from PAV designated organisations to assess, determine and record the eligibility of applicants for the PAV Service

Consumer

Name:

Date of Birth: dd/mm/yyyy / /

Sex:

UR Number:

or affix label here

Eligibility Criteria

Applicants need to meet all THREE criteria under Part A and TWO out of THREE criteria in Part B to be eligible for PAV.

Part A

Criterion 1: The applicant agrees to daily monitoring (mandatory for all PAV clients)

- Yes No Does the applicant need daily monitoring?
 Yes No Does the applicant understand what daily monitoring is?
 Yes No Does the applicant understand their responsibility to push the daily call button each day and agree to this?

Criterion 2: The applicant is capable of using and is willing to wear the PAV pendant at all times

- Yes No Does the applicant understand the PAV service including emergency response?
 Yes No Is the applicant willing to wear the PAV pendant at all times?

Use the next three questions to help you determine if the applicant has the cognitive ability to effectively participate in PAV.

- Yes No Does the applicant have memory problems or get confused?
 Yes No Does the applicant have behavioural problems for example aggression, wandering or agitation?
 Yes No Does the applicant have a known diagnosis of dementia?

- Yes No Do you believe the applicant has the cognitive ability to effectively participate in PAV?

Criterion 3: The applicant lives alone OR is alone for most of the day or evening OR lives with a person who would be unable to get to the phone in an emergency or is unable to use the phone

- Yes No Does the applicant live alone?
 Yes No Is the applicant alone for most of the day or evening?
 Yes No Does the applicant live with a person who would be unable to get to the phone in an emergency or is unable to use the phone?

A 'Yes' answer to any of the above questions indicates that the applicant has met this criterion.

If the applicant has not met the three mandatory criteria above the applicant IS NOT eligible for PAV. DO NOT proceed with assessment. INSTEAD consider other options that may be appropriate for the applicant.

Assessment notes (describe any specific applicant information – living situation, amount of contact with others, memory or behavioural issues which affect the client meeting any of the above criteria)

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Part B

Criterion 1: The applicant has experienced at least one fall that has required medical attention in the last six months or is at risk of falls?

Yes No Has the applicant had a fall inside/outside the home in the last 6 months?

If yes did the fall result in:

Yes No Hospitalisation of the applicant?

Yes No General practitioner involvement or emergency department presentation?

Yes No Assistance from other people to assist the applicant to stand?

Yes No Is the applicant at risk of falls?

Note: If 'Yes' to any of the above then you may wish to consider a referral to a falls & balance clinic or similar, home maintenance services or vision assessment services to decrease the risk of falls.

Criterion 2: The applicant suffers from a major medical or chronic condition that puts them at risk of medical emergencies, or that has some ongoing effect on their health or wellbeing

Has the applicant experienced any of the following medical or chronic conditions that required hospital admission in the previous six months or puts them at risk of a serious medical event?

Respiratory condition:

Yes No Emphysema

Yes No Asthma requiring continuous medication and affecting function

Yes No Chronic obstructive pulmonary disease

Yes No **Neurological condition causing significant impairment to sensory or motor function**

Cardiac condition:

Yes No Heart attack or angina attack

Yes No Heart failure

Yes No Syncope (fainting)

Yes No Blackouts

Yes No Postural hypotension

Chronic condition

Yes No Parkinson's disease (advanced)

Yes No Diabetes where function is severely affected

Yes No Arthritis where function is severely affected

Yes No Renal failure

Yes No **Stroke**

Yes No **Other condition that required hospitalisation in the last six months that has affected function or puts the person at risk of a serious medical event**

Disability

Yes No Does the applicant have a disability that stops them from physically getting to or using the phone, or puts them at risk of falls?

Criterion 3: The applicant is taking six or more different medications on a permanent basis that are prescribed by a medical practitioner.

Yes No Does the applicant take six or more different medications on a permanent basis that are prescribed by a medical practitioner?

If the applicant meets all criteria in Part A and two of the three criteria in Part B then the applicant is eligible for PAV.

Assessment notes (describe any specific medical conditions which may effect the client meeting any of the above criteria)

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Technical Information

- Yes No Is there more than one telephone socket in the house?
- Yes No Is there a power point within 1 metre of the originating phone socket?
- Yes No Is this power point on the same wall as the telephone socket?
- Yes No Can this power point be used exclusively for the PAV unit?
- Yes No Is there a regular and reliable electricity source to continuously power the PAV unit?
- Yes No Is the telephone able to dial in and out?
- Yes No Are there any other services connected to the telephone line, for example facsimile, home alarm or Internet?
- Yes No If the applicant is connected to the internet, do they have ADSL broadband?
- Yes No Are there any personal considerations that could affect the installation of a personal alarm, for example, is the applicant deaf, hearing impaired or does the applicant have complex communication needs?

Assessment notes (describe any specific communication issues that may necessitate the need for modified equipment)

Contact Information

Nominated contacts for PAV.

Note: These may be the same as those gained under Consumer Information. However, PAV nominated contacts must:

- Be able to attend to the client promptly; and
- Agree to participate as a contact and sign the consent form.

Person 1 Name: _____

Contact address: _____

Phone numbers

Home: _____

Work: _____

Mobile: _____

Relationship to client: _____

Person 2 Name: _____

Contact address: _____

Phone numbers

Home: _____

Work: _____

Mobile: _____

Relationship to client: _____

Person 3 Name: _____

Contact address: _____

Phone numbers

Home: _____

Work: _____

Mobile: _____

Relationship to client: _____

Person 4 Name: _____

Contact address: _____

Phone numbers

Home: _____

Work: _____

Mobile: _____

Relationship to client: _____

Produced by the Victorian Department of Health, 2012

This information collected by:

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Name: _____ Position/Agency: _____

Sign: _____ Date: dd/mm/yyyy / / Contact number: _____

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Home and Community Care (HACC) Response Service

No Yes Is a referral to the HACC Response Service required?

If **yes**:

Yes Does the applicant understand that they will need to give a copy of their house keys to the HACC Response Service?

Yes Does the applicant understand that the HACC Response Service will put the keys in a securely locked safe on the applicant's property?

Personal Alert Victoria (PAV) Consent for Service

Record of Applicant Consent

This applies to the applicant stated on this form ONLY. The assessor completes this section on behalf of the applicant. If the software allows, the applicant signs the form. If not, a hard copy of this consent page must be kept by the assessing organisation.

Name of applicant: _____

Address: _____

I have been provided with information about the PAV program including the PAV information booklet.

I agree to:

Wear and use the PAV pendant at all times

Participate in daily monitoring

Look after the PAV equipment

Undertake a reassessment if my circumstances change

Return the unit if no longer required, e.g. if I move into residential care or a supported living situation

I understand that if there are any changes to my living arrangements or health, a reassessment may lead to recommended additional services or may result in cancellation of this service?

Applicant signature: _____ Date: / /

(If software allows)

The applicant agrees to all the requirements and a signed hard copy of the consent has been collected by the assessment organisation.

Personal Alert Victoria Assessment

Assessment organisation details

Date of assessment: / / Assessor Name: _____

Assessing organisation: _____

Phone: _____ Fax: _____ Email: _____

Assessment undertaken on behalf of: _____

Signature: _____

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Sign: _____ Date: dd/mm/yyyy / / Contact number: _____