

Appendix B2: Form A (Patient details)



Australian Government

Australian Institute of Health and Welfare

Pilot Community-based Palliative Care Client Data Collection Form A—Patient Details

- This form is to be completed by an agency staff member for the person with the life limiting illness (patient).
- This form should be completed in conjunction with the Guidelines document.

Agency ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(supplied by the AIHW)
Client ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
(The identifier assigned by your agency to the patient i.e. the person with the life limiting illness)		

Patient Details

For each question, record the most up-to-date information that is available.

<p>1 Sex</p> <p>Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2 Intersex or indeterminate <input type="checkbox"/> 3</p>	<ul style="list-style-type: none"> • Tick one box only. • Intersex or indeterminate, refers to a patient, who because of a genetic condition, was born with reproductive organs or sex chromosomes that are not exclusively male or female or whose sex has not yet been determined for whatever reason. 																																
<p>2 Date of birth</p> <table style="width: 100%; text-align: center;"> <tr> <td>D</td><td>D</td> <td>M</td><td>M</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>day accuracy indicator</td> <td></td> <td>month accuracy indicator</td> <td></td> <td>year accuracy indicator</td> <td></td> <td></td> <td></td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	day accuracy indicator		month accuracy indicator		year accuracy indicator				<ul style="list-style-type: none"> • Complete the date of birth as best as you can. • Only record the date accuracy indicator for patients who are accepted for care by the agency after 5th of June 2006. • For each date component (day, month, year) record the accuracy indicator. <ul style="list-style-type: none"> ◦ If the date component is accurate record 'A' in the appropriate 'accuracy indicator' box. ◦ If the date component is estimated record 'E' in the appropriate 'accuracy indicator' box. ◦ If the date component is unknown record 'U' in the appropriate 'accuracy indicator' box. • For example if the day is correct, record 'A' in the 'day accuracy indicator' box; if the month is estimated, record 'E' in the 'month accuracy indicator' box; and if the year is unknown, record 'U' in the 'year accuracy indicator' box. • If a date component is unknown, an entry does not need to be made for that date component, however the accuracy indicator 'U' must be recorded.
D	D	M	M	Y	Y	Y	Y																										
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																										
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																										
day accuracy indicator		month accuracy indicator		year accuracy indicator																													
<p>3 State/Territory where the patient usually resides</p> <p>New South Wales <input type="checkbox"/> 1 Victoria <input type="checkbox"/> 2 Queensland <input type="checkbox"/> 3 South Australia <input type="checkbox"/> 4 Western Australia <input type="checkbox"/> 5 Tasmania <input type="checkbox"/> 6 Northern Territory <input type="checkbox"/> 7 Australian Capital Territory <input type="checkbox"/> 8 Other territories <input type="checkbox"/> 9</p>	<ul style="list-style-type: none"> • Tick one box only. • Usual residence is the place where the patient has or intends to reside, or the place that the patient regards as their main residence, or where the patient has no other residence, the place they currently reside. • Other territories include Cocos (Keeling) Islands, Christmas Island and Jervis Bay Territory. 																																
<p>4 Postcode of usual residence</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<ul style="list-style-type: none"> • Record the patient's postcode according to their place of usual residence. 																																
<p>5 Indigenous status</p> <p>Aboriginal but not Torres Strait Islander origin <input type="checkbox"/> 1 Torres Strait Islander but not Aboriginal origin <input type="checkbox"/> 2 Both Aboriginal and Torres Strait Islander origin <input type="checkbox"/> 3 Neither Aboriginal nor Torres Strait Islander origin <input type="checkbox"/> 4</p>	<ul style="list-style-type: none"> • Tick one box only. • When the patient is not able to answer for themselves, the person answering for them should be in a position to do so, i.e. this person must know the patient well and feel confident to provide accurate information about them. • An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander. 																																

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If you have any problems completing this form please telephone 1800 443 182 or email pcdwgsec@aihw.gov.au

Pilot Community-based Palliative Care Client Data Collection — Form A Patient (Continued)

<p>6 Country of birth</p> <p style="text-align: right;">Australia <input type="checkbox"/> 1</p> <p>Other country (please specify) _____ <input type="checkbox"/></p>	<ul style="list-style-type: none"> • Tick one box only. • Where the patient's country of birth is not Australia, tick 'Other country' and record the name of the country in which the patient was born.
<p>7 Main language other than English spoken at home</p> <p style="text-align: right;">English only <input type="checkbox"/> 1</p> <p>Other language (please specify) _____ <input type="checkbox"/></p>	<ul style="list-style-type: none"> • Tick one box only. • Record the main language other than English spoken by the patient in their home (or most recent private residential setting occupied by the patient) on a regular basis, to communicate with other residents of the home or setting and regular visitors. • Where a language other than English is spoken at home, tick 'Other language' and record the name of the language.
<p>8 Living arrangements</p> <p style="text-align: right;">Lives alone <input type="checkbox"/> 1</p> <p style="text-align: right;">Lives with others <input type="checkbox"/> 2</p>	<ul style="list-style-type: none"> • Tick one box only. • 'Lives with others' includes both family and non-family members. • Patients living in accommodation settings such as boarding houses, hostels, group homes, retirement villages and residential aged care facilities are considered as living alone, except where they are sharing their own private space/room within the premises with a significant other such as a partner, sibling or close friend.
<p>9 Carer availability status</p> <p style="text-align: right;">Has a carer <input type="checkbox"/> 1</p> <p>Go to Question 10 _____ If 'Has a carer' is recorded go to question 10</p> <p style="text-align: right;">Has no carer <input type="checkbox"/> 2</p> <p>If the patient 'Has no carer' you are not required to complete the rest of this form.</p>	<ul style="list-style-type: none"> • Tick one box only. • A patient may have more than one carer. • Carers include those people who receive a pension or benefit for their caring role but does not include paid or volunteer carers organised by formal services. • Family, friends or neighbours providing care can be a patient's carer(s).
<p>10 Co-residency status of patient's main carer</p> <p style="text-align: right;">Co-resident carer <input type="checkbox"/> 1</p> <p style="text-align: right;">Non-resident carer <input type="checkbox"/> 2</p>	<ul style="list-style-type: none"> • Tick one box only. • Select the co-residency status for the main carer. • The main carer is the person who provides the most care to the patient. If a patient has more than one carer (e.g. a spouse and a son), the response should relate to the carer who provides the most significant care and assistance related to the patient's capacity to remain living at home. • The expressed views of the patient and/or their carer(s)/family/friends should be used as the basis for determining this. • A 'co-resident carer' is a person who provides care and assistance on a regular and sustained basis to a patient who lives in the same household. • A 'non-resident carer' is a person who provides care and assistance on a regular and sustained basis to a patient who lives in a different household.
<p>11 Main carer's relationship to the patient</p> <p style="text-align: right;">Spouse/partner <input type="checkbox"/> 1</p> <p style="text-align: right;">Parent <input type="checkbox"/> 2</p> <p style="text-align: right;">Child <input type="checkbox"/> 3</p> <p style="text-align: right;">Child-in-law <input type="checkbox"/> 4</p> <p style="text-align: right;">Other relative <input type="checkbox"/> 5</p> <p style="text-align: right;">Friend/neighbour <input type="checkbox"/> 6</p>	<ul style="list-style-type: none"> • Tick one box only. • Record the relationship of the main carer to the patient for whom they care. For example, if a woman were caring for her aged mother, record that the carer is the child. • 'Spouse/partner' includes de facto and same sex partnerships.

Thank you for completing this form.

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