

Form for Assessment of Attendant Care Needs – Accidents After December 31, 1993 and Before November 1, 1996

Return this form to:

Policy No.	
Claim No.	

Use this form to report the future needs for attendant care required by the client as a result of an automobile accident. This form has five parts:

- Part 1: Level 1 Attendant Care
- Part 2: Level 2 Attendant Care
- Part 3: Level 3 Attendant Care
- Part 4: Calculation of Attendant Care Costs
- Part 5: Signature of Assessor(s)

Please complete all relevant parts. You will have to make copies and give one to:

- the client
- the client's health practitioner
- the client's insurance company

Client's Name	Client's Name	Date of Birth	
	Street Address	Date of Accident	
	City	Province	Postal Code
	Name of Policyholder (if different than above)		Policy No.

What is the date of this assessment?

Is this the first assessment of this client? Yes No

Date of Last Assessment
Current Monthly Allowance

Client's Health Practitioner	Name of Health Practitioner	Telephone No.
	Facility or Institution	
	Street Address	
	City	Province

Insurance Company	Name	Telephone No.	
	Street Address		
	City	Province	Postal Code
	Name of Policyholder		Policy No.

**Part 1:
Level 1
Attendant Care**

Level 1 attendant care is for routine personal care. Please assess the care requirements of the client for each activity listed. Estimate the time it takes to perform each activity, and the number of times each week it should be performed. Multiply the number of minutes by the number of times each week the activity should be performed to get the total number of minutes per week for each activity.

Number of Minutes x Times per week = Total minutes per week

Dress	Upper Body (for example, underwear, shirt/blouse, sweater, tie, jacket, gloves, jewelry)			
	Lower Body (for example, underwear, disposable briefs, skirt/pants, socks, panty hose, slippers shoes)			
Subtotal				
Undress	Upper Body (for example, underwear, shirt/blouse, sweater, tie, jacket, gloves, jewelry)			
	Lower Body (for example, underwear, disposable briefs, skirt/pants, socks, panty hose, slippers, shoes)			
Subtotal				
Prosthetics	applies to upper/lower limb prosthesis and stump sock(s)			
	exchanges terminal devices and adjusts prosthesis as required			
	ensures prosthesis is properly maintained and in good working condition			
Subtotal				
Orthotics	assists dressing client using prescribed orthotics (for example, burn garment(s), brace(s), supports, splints, elastic stockings)			
Subtotal				
Grooming	Face: wash, rinse, dry, morning and evening			
	Hands: wash, rinse, dry, morning and evening, before and after meals, and after elimination			
	Shaving: shaves client using electric/safety razor			
	Cosmetics: applies makeup as desired or required			
	Hair:			
	brushes/combs as required			
	shampoos, blow/towel dries			
	performs styling, set and comb-out			
	Fingernails: cleans and manicures as required			
	Toenails: cleans and trims as required			
Subtotal				

Part 1 continued...

Number of Minutes x Times per week = Total minutes per week

		Number of Minutes	Times per week	Total minutes per week
Feeding	prepares client for meals (includes transfer to appropriate location)			
	provides assistance, either in whole or in part, in preparing serving and feeding meals			
Subtotal				

Mobility (location change such as to and from the bedroom for afternoon rests)	assists client from sitting position (for example, wheelchair, chair, sofa)			
	Supervises/assists in walking			
	performs transfer needs as required (for example, bed to wheelchair, wheelchair to bed)			
Subtotal				

Extra Laundering	launders client's bedding and clothing as a result of incontinence spillage			
	launders/cleans orthotic supplies that require special care			
Subtotal				

Part 1 Total – Add all Part 1 Subtotals. Fill in total here and in Part 4 on Page 7

**Part 2:
Level 2
Attendant Care**

Level 2 attendant care is for basic supervisory functions. Please assess the care requirements of the client for each activity listed. Estimate the time it takes to perform each activity, and the number of times each week it should be performed. Multiply the number of minutes by the number of times each week the activity should be performed to get the total number of minutes per week for each activity.

Hygiene	Bathroom			
	cleans tub/shower/sink/toilet after client's use			
	Bedroom			
	changes client's bedding, makes bed, cleans bedroom, including Hoyer lifts, overhead bars, bedside tables			
	ensures comfort, safety and security in this environment			
	Clothing Care			
	assists in preparing daily wearing apparel			
	hangs clothes and sorts clothing to be laundered/cleaned			
Subtotal				

Part 2 continued...

Number of Minutes x Times per week = Total minutes per week

Ventilator Dependant (high level quadriplegic or approx.)	client lacks the capacity to reattach tubing if it becomes detached from the trachea			
	client lacks the physical capacity to be self-sufficient in an emergency situation			
Subtotal				
Spinal Cord Injuries (paraplegic / quadriplegic)	client requires assistance to transfer from bed to wheelchair, periodic turning, genitourinary care			
	client lacks the physical capacity to be self-sufficient in an emergency situation			
Subtotal				
Severe Head Injuries	client lacks ability to respond to an emergency or needs custodial care due to changes in behaviour			
Subtotal				
Attendant Care on an Intermittent Basis	client lives alone or is left alone in the day, determine the degree to which the client may be dependent on other (for example meals, laundry, housekeeping)			
	client may be independent during the day when in a wheelchair or wearing a prosthesis, but needs assistance for meals, laundry			
Subtotal				
Multiple Amputations (upper bilateral, triple, quadruple amputee)	client lacks the ability to independently get in and out of a wheelchair or to be self-sufficient in an emergency			
Subtotal				
Financial Affairs	client requires assistance in managing financial affairs (maximum 1 hour per week)			
Subtotal				

Part 2 Total – Add all Part 2 Subtotals. Fill in total here and in Part 4 on Page 7

**Part 3:
Level 3
Attendant Care**

Level 3 attendant care is for complex health / care and hygiene functions. Please assess the care requirements of the client for each activity listed. Estimate the time it takes to perform each activity, and the number of times each week it should be performed. Multiply the number of minutes by the number of times each week the activity should be performed to get the total number of minutes per week for each activity.

		Number of Minutes	x	Times per week	=	Total minutes per week
Genitourinary Tracts	performs catheterizations					
	positions, empties and cleans drainage systems					
	cleans client and equipment after procedure / incontinence					
	uses disposable briefs as required					
	attends to menstrual cycle needs as required					
	monitors residuals					
	Subtotal					
Bowel Care	administers enemas or suppositories and performs stimulation or disimpaction					
	performs colostomy and / or ileostomy care					
	positions, empties and cleans drainage systems, including ilio-conduits					
	uses disposable briefs as required					
	cleans client and equipment after procedure / evacuation					
	Subtotal					
Tracheostomy Care	changes and cleans inner and outer cannulae as needed					
	changes tapes as required					
	performs suctioning as required					
	cleans and maintains suction equipment					
	Subtotal					
Ventilator Care	ensures volume rate and pressure are maintained as prescribed					
	maintains humidification as specified					
	changes and cleans tubing and filters as required					
	cleans humidification system as required					
	adjusts settings according to client needs (for example, colds, congestion)					
	Subtotal					
Excercise	assists client with prescribed exercise / stretching program					
	assists client with walking activities using cruches, canes, braces and / or walker					
	Subtotal					

Part 3 continued...

Number of Minutes x Times per week = Total minutes per week

Skin Care (excluding bathing)	attends to skin care needs – wounds, sores, eruptions, (amputees, severe burns, spinal cord injuries, etc.)			
	applies medication and prescribed dressings			
	applies creams, lotions, pastes, ointments, powders as prescribed or required			
	checks body area(s) for evidence of pressure sores, skin breakdown or eruptions			
	periodic turning to prevent or minimize pressure sores and skin breakdown / shearing			
Subtotal				

Medication	Oral			
	administers prescribed medications			
	monitors medication intake and effect			
	maintains and controls medication supply			
	Injections			
	administers prescribed medications			
	monitors medication intake and effect			
	maintains and controls medication supply			
	Inhalation / Oxygen Therapy			
	administers prescribed dosage as required			
	maintains and controls inhalation supplies			
	cleans and maintains equipment			
	Subtotal			

Bathing	Bathtub or Shower			
	transfers client to and from bed, wheelchair or Hoyer lifts to bathtub or shower			
	bathes and dries client			
	applies creams, lotions, pastes, ointments, powders as prescribed or required			
	Bed Bath			
	prepares equipment			
	bathes and dries client			
	applies creams, lotions, pastes, ointments, powders as prescribed or required			
	cleans and maintains bed / bath equipment			
	Oral Hygiene			
	brushes and flosses			
	cleans mouth as required			
	cleans dentures as required			
Subtotal				

Part 3 continued...

Number of Minutes x Times per week = Total minutes per week

Other Therapy	Transcutaneous Electrical Nerve Stimulation (TENS)			
	prepares equipment			
	administers treatment as prescribed or required			
	Dorsal Column Stimulation (DCS)			
	monitors skin			
	maintains equipment			
Subtotal				

Maintenance of Supplies and Equipment	monitors, orders and maintains required supplies / equipment			
	ensures wheelchairs, prosthetic devices, Hoyer lifts, shower commodes and other specialized medical equipment and assistive devices are safe and secure			
Subtotal				

Part 3 Total – Add all Part 3Subtotals. Fill in total here and below

Part 4: Calculation of Attendant Care Costs

This part must be completed by the assessor. Calculate the monthly attendant care allowance for Part 1, 2 and 3. The sum of all three parts will be the Total Assessed Monthly Attendant Care Benefit.

	Total Minutes per Week	÷ 60 =	Total Weekly Hours	X 4.3 =	Total Monthly Hours	X \$	= \$	Monthly Care Benefit
Part 1 (from Pg.3)								
Part 2 (from Pg.4)								
Part 3 (from Pg.7)								

Total Assessed Monthly Attendant Care Benefit

(This amount is subject to the limits allowed under the Statutory Accident Benefits Schedule)

Part 5: Signature(s) of Assessor(s)

Name	Signature
Title	Date
Name of Assessing Facility	
Telephone No.	
Street Address	
Fax No.	
City	Province
Postal Code	