

Return this form to:

Assessment of Attendant Care Needs (Form 1)

Policy No.

Claim No.

Use this form to report the future needs for attendant care required by the applicant as a result of an automobile accident on or after October 1, 2003. This form must be completed by a member of a health profession who is authorized by law to treat the person's impairment (in this form referred to as a regulated health professional). 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 applicant
- the applicant's health practitioner
- the applicant's insurance company

Please note: Users of Form 1 should also review other accident benefits available under the Statutory Accident Benefits Schedule for possible reimbursement of other losses and expenses (such as housekeeping and home maintenance, transportation, home modifications and other medical and rehabilitation expenses).

Applicant's Name

Applicant'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 applicant?

Yes

No

Date of Last Assessment

Current Monthly Allowance

Applicant's Health Practitioner

Name of Health Practitioner	Telephone No.	
Facility or Institution		
Street Address		
City	Province	Postal Code

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 applicant 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 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 applicant 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 applicant using an 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

Feeding

prepares applicant 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)

assists applicant from a 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 applicant'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 applicant 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

Hygiene

Bathroom			
cleans tub/shower/sink/toilet after applicant's use			
Bedroom			
changes applicant'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...

Basic Supervisory Care

	Number of Minutes X	Times per week =	Total minutes per week
applicant lacks the capacity to reattach tubing if it becomes detached from the trachea			
applicant requires assistance to transfer from wheelchair, periodic turning, genitourinary care			
applicant lacks the ability to independently get in and out of a wheelchair or to be self-sufficient in an emergency			
applicant lacks ability to respond to an emergency or needs custodial care due to changes in behaviour			
Subtotal			

Co-ordination of Attendant Care

	Number of Minutes X	Times per week =	Total minutes per week
applicant requires assistance in co-ordinating/scheduling attendant care (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 applicant 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 applicant 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 applicant 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)			
	reattaches tubing if it becomes detached			
	Subtotal			
Exercise	assists applicant with prescribed exercise/stretching program			
	assists applicant with walking activities using crutches, canes, braces and/or walker			
	Subtotal			

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 applicant 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 applicant			
applies creams, lotions, pastes, ointments, powders as prescribed or required			
cleans and maintains bed/bath equipment			
Oral Hygiene			
brushes and flosses			
cleanses mouth as required			
cleans dentures as required			
Subtotal			

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			
Skilled Supervisory Care	applicant requires skilled supervisory care for violent behaviour that may result in physical harm to themselves or others			
	Subtotal			

Part 3 Total - Add all Part 3 Subtotals. 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	Total Weekly Hours	Total Monthly Hours	Hourly Rate	Monthly Care Benefit
Part 1 (from Pg. 3)	+ 60 =	X 4.3 =	X	\$ 10.53	= \$
Part 2 (from Pg. 4)	+ 60 =	X 4.3 =	X	\$ 7.00	= \$
Part 3 (from Pg. 7)	+ 60 =	X 4.3 =	X	\$ 16.86	= \$

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) (Regulated Health Professional(s))

Name of Regulated Health Professional		Registration Number		You are a: <input type="checkbox"/> Chiropractor <input type="checkbox"/> Dentist <input type="checkbox"/> Massage Therapist <input type="checkbox"/> Nurse <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Optometrist <input type="checkbox"/> Physician <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Psychologist <input type="checkbox"/> Speech Language Pathologist <input type="checkbox"/> Other _____
Facility Name (if applicable)		AISI number (if applicable)		
Address				
City	Province	Postal Code		
Telephone Number	Extension	Fax Number		
Email Address				
I confirm that, to the best of my knowledge, the information in this form is accurate. I have obtained the appropriate consent from the applicant for the collection, use and disclosure of the information submitted.				
Signature of Regulated Health Professional			Date (YYYYMMDD)	