** **

**INITIAL CONSULTATION – FREQUENT USERS OF HEALTH CARE PROVISION**

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| **Contact Details**Name:Address:Post Code:DOB:Tel: | **Number of Contacts with**WAST:Emergency Unit:Out of Hours GP Service:Over what period of time: | **Appointment Date****In attendance:** |
| **Reasons for Contacts**Presenting ComplaintsPatients perception of triggersMotivation for contactsIntended primary/secondary gainDoes patient feel their routine healthcare providers adequately meet their needs? Patients perception of desired changes/improvements to care provision |  |
| **Physical Wellbeing**DiagnosisMedicationAlcohol – current/historicalSmoking - current/historicalDrugs - current/historical |  |
| **Spiritual Wellbeing**Religion/Faith/SpiritualityDo they attend/wish to attend a faith based group – church, chapel, temple, synagogue, mosque etc |  |
| **Mental Wellbeing**StressEsteemConfidenceConcernsRisk IssuesTrigger Factors |  |
| **Social Situation**Support/significant othersHousing – rented, private, council etcDependentsCarersPets in houseHobbies/Interests |  |
| **Financial Considerations**EmploymentEducationDebtFood povertyChild care considerations |  |

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| **Individual’s priority goal – what matters most?** | **Planned action toward realising that goal from current reality** | **Options support/referral required** | **What does the patient consider to be barriers to this?** |
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| **Additional Information – add any safeguarding concerns (document relevant referrals), cultural considerations, risk factors for future care provision with external agencies** |

**I give permission that allows for the information recorded on this form to be stored and used for the purposes of providing services to me and my family and for the monitoring the impact of the Frequent Attender Service. I understand that the information will be shared with agencies that are able to provide support, in order to ensure that the appropriate support is accessed**

**I give/do not give permission (delete as applicable) for my information to be anonymised and used for the purposes of producing case studies to promote the work of services**

**PRINT NAME……………………………………………………………………………………. SIGNATURE………………………………………………………………………………………**

**WELL BEING SCALE – TO BE COMPLETED AT INITIAL ASSESSMENT & PRE DISCHARGE FROM FREQUENT ATTENDER SERVICE**

**Q1 – Patients rating of psychological health status (anxiety, depression, emotions, feelings)**

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| POOR | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | GOOD |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Q2 – Patient’s rating of physical health status (extent of physical symptoms and bothered by illness)**

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| POOR | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | GOOD |
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**Q3 – Patient’s rating of overall quality of life (e.g. able to enjoy life, get on well with family/friends)**

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| POOR | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | GOOD |
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**Q4 – Patient’s rating of current accommodation issues (tenancy concerns, neighbour relationships, eviction issues)**

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| POOR | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | GOOD |
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