

RESIDENT SERVICE USE



Please include an anonymised copy of the MAR sheet for last month

Please write in the number of contacts over the last month

MONTH

RESIDENT STUDY NUMBER

1. RESIDENT CONTACT WITH THERAPY/NURSING SERVICES IN LAST MONTH

District Nurse	<input type="text"/>	Total number of contacts in last month
Specialist continence nurse	<input type="text"/>	Total number of contacts in last month
Diabetes nurse specialist	<input type="text"/>	Total number of contacts in last month
Specialist nurse other Please write in e.g. palliative nurse specialist	<input type="text"/>
Community Matron	<input type="text"/>	Total number of contacts in last month
Community pharmacist	<input type="text"/>	Total number of contacts in last month
Physiotherapist	<input type="text"/>	Total number of contacts in last month <input type="checkbox"/> tick if privately funded
Occupational therapist	<input type="text"/>	Total number of contacts in last month <input type="checkbox"/> tick if privately funded
Speech-language therapist (SALT)	<input type="text"/>	Total number of contacts in last month <input type="checkbox"/> tick if privately funded

Dietician	<input type="text"/>	Total number of contacts in last month	<input type="checkbox"/>	tick if privately funded
Audiology services	<input type="text"/>	Total number of contacts in last month	<input type="checkbox"/>	tick if privately funded
Psychological therapy (e.g. CPN or CMHT)	<input type="text"/>	Total number of contacts in last month	<input type="checkbox"/>	tick if privately funded
Psychologist	<input type="text"/>	Total number of contacts in last month	<input type="checkbox"/>	tick if privately funded
Social worker	<input type="text"/>	Total number of contacts in last month		
Chiropodist/podiatrist	<input type="text"/>	Total number of contacts in last month	<input type="checkbox"/>	tick if privately funded
Optician	<input type="text"/>	Total number of contacts in last month	<input type="checkbox"/>	tick if privately funded
Dentist	<input type="text"/>	Total number of contacts in last month	<input type="checkbox"/>	tick if privately funded
Other Please write in e.g. counsellor	<input type="text"/>	Total number of contacts in last month	<input type="checkbox"/>	tick if privately funded
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2. RESIDENT CONTACT WITH DOCTORS IN LAST MONTH				
General practitioner	<input type="text"/>	Total number of contacts in last month		
Out of hours GP	<input type="text"/>	Total number of contacts in last month		

Geriatrician	<input type="text"/> Total number of contacts in last month
Other specialist please write in	<input type="text"/> Total number of contacts in last month

3. HOSPITAL USE AND A & E USE IN LAST MONTH

1. Number of inpatient hospital admissions with overnight stay Total number of nights

How many of these nights were emergencies or unplanned?

Number of times an Ambulance was used for admission?

2. Number of A & E visits (not including overnight stays)

Number of times Ambulance was used for A& E visits?

3. Number of ambulance call outs with treatment by paramedics at care home (no hospital visit)

4. Number of day hospital visits Reason please write in
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5. Number of outpatient appointments Reason please write in
.....

4. CHANGES IN DOCTORS' / OTHER HEALTH CARE PROFESSIONALS' ORDERS

1. Number of days in last month doctor changed a person's orders (including medications, therapies or referrals but not renewals without changes). If none enter

0

Medication reviews Medication changes **N.B. Please record any medication changes**

Changes in therapies New referrals New/changed equipment