Complete Choice
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23 Kent Road Macdonald Park SA 5121

Complete Choice
Mental Health & Disability
F0 6

Participant/ Consumer Observations

An important component of your role as a support worker is to report changes with your Participants/ consumers. Please tick the observation box and use the notes section to be more specific about any aspect of care requiring further attention. Please continue to phone through to the office immediately if there are any concerns you may have with a consumer or if there is any obvious health issues.

Participant/CONSUMER NAME: _____

Date: -_____/____/20____

(Please Tick – If Yes Provide Detail Below) If YES Please fill incident report.

Yes	No	Observation
☐	☐	Any changes noted in skin condition including bruising?
☐	☐	Any changes noted in behavior including verbal & Physical?(Fill incident report)
☐	☐	Has the participant / consumer displayed mood changes such as depression?
☐	☐	Has the participant / consumer denied community participation including appointments
☐	☐	Has the participant / consumer denied or refused medication?(Fill incident)
☐	☐	Have the support worker filled the Diabetic logbook?
☐	☐	Is the fluid/food intake logbook filled by the support worker?
☐	☐	Is the medication record signed by the support worker?
☐	☐	Is the falls/seizure logbook completed if any seizures or falls.?
☐	☐	Has the participant / consumer denied regular meals?
☐	☐	Has the participant / consumer denied Personnel Care (shower, bed bath, oral hygiene, grooming)
☐	☐	Are there any changes or increased continence issues?
☐	☐	Has the cleanliness of the participant's/consumer's home deteriorated?
☐	☐	Has there been a decrease in the participant's/consumer's appetite?
☐	☐	Is there food in the fridge that has passed its expiration date?
☐	☐	Are there any noticeable changes in the Participant's/ consumer's memory?
☐	☐	Has the participant's/consumer's mobility decreased?
☐	☐	Has the participant/consumer expressed a need or displayed that they may benefit from new equipment?
☐	☐	Could the participant/consumer benefit from home modifications?
☐	☐	Has the consumer expressed a need for a care plan review due to a recent change?
☐	☐	Is the bathroom/toilet cleaned by the support worker
☐	☐	Is the kitchen , sink, table tops cleaned by the staff
☐	☐	Is the bed and living room cleaned by the staff

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☐	☐	Is the hot water managed properly while performing personnel care?
☐	☐	Is the meal plan followed as per the guidelines of the dietitian/speech pathologist?

Notes

Support Worker's Name: _____ **Signature:**