

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 that occurs on or after March 31, 2008. 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

		Number of Minutes	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 applicant using prescribed orthotics (for example, burn garment(s), brace(s), support(s), 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 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 \times 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 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 \times 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...

	Number of Minutes	X	Times per week	=	Total minutes per week
Basic Supervisory Care	applicant lacks the capacity to reattach tubing if it becomes detached from 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 the ability to respond to an emergency or needs custodial care due to changes in behaviour				
Subtotal					

	Number of Minutes	X	Times per week	=	Total minutes per week
Co-ordination of Attendant Care	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 \times Times per week = Total minutes per week

		Number of Minutes	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				

Part 3 continued...

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

		Number of Minutes	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				

		Number of Minutes	Times per week	Total minutes per week	
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				

		Number of Minutes	Times per week	Total minutes per week	
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				

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				

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	÷ 60 =	Total Weekly Hours	X 4.3 =	Total Monthly Hours	X	Hourly Rate	=	Monthly Care Benefit
Part 1 (from Pg.3)							\$11.23		\$
Part 2 (from Pg.4)							\$8.75		\$
Part 3 (from Pg.7)							\$17.98		\$

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)	