icare™

Engage

E4. Dust Diseases Care

General Information

Date

icare reference number

Title

First name(s)

Last name

Gender

☐ Male ☐ Female

Age

Diagnosis

Award date

Classification

Street address

Suburb

State

Postcode

Contact number *(enter with no spaces)*

Email *(Optional)*

icare contact

Name

Contact number *(enter with no spaces)*

Carer or nominated person

Name

Relationship

Street address

Suburb

State

Postcode

Contact number *(enter with no spaces)*

Email *(Optional)*

Language

What language do you speak at home?

How well do you **read** in this language? ☐ Very well ☐ Well ☐ Not well ☐ Not at all

How well do you **write** in this language? ☐ Very well ☐ Well ☐ Not well ☐ Not at all

icare™

If English is not your first language:

How well do you **speak** English? ☐ Very well ☐ Well ☐ Not well ☐ Not at all

Do you prefer to have an interpreter available for appointments? ☐ Yes ☐ No ☐ Not applicable

How well do you **read** English? ☐ Very well ☐ Well ☐ Not well ☐ Not at all

How well do you **write** English? ☐ Very well ☐ Well ☐ Not well ☐ Not at all

Your health and treatment

General Practitioner *(Name)*

Telephone *(enter with no spaces)*

Is your GP available for home visits? ☐ Yes ☐ No

Specialist *(Name)*

Speciality

Telephone *(enter with no spaces)*

Other health provider *(Name)*

Service type *(e.g. Palliative care nurse, psychologist etc.)*

Telephone *(enter with no spaces)*

Current medical situation and future plans - details of information provided by the treating doctor.

Consider: Explain DDC role in putting supports in place and being proactive, discuss prognosis, awareness/ acceptance, partner's involvement to date, current treatment and plan, is there an advanced care plan in place? Whether referral made to palliative care?

Your current living arrangements

Who do you live with?

Name	Relationship	Name	Relationship

Name	Relationship	Name	Relationship

What type of dwelling is your home?

☐ Apartment ☐ Free-standing house ☐ Townhouse ☐ Farm ☐ Caravan ☐ Other

Do you own your new home, or do you rent?

☐ Own home

☐ Rented home (specific e.g. Private rental Housing NSW, through a relative or a friend)

☐ Residential facility (e.g. nursing home)

☐ Boarding house

☐ Public place/temporary shelter (e.g. public park, bus shelter, refuge, halfway house)

☐ Other

☐ Supported accommodation (e.g. group home, hostel, retirement village)

icare™

Are there any potential access issues in your home? (e.g. Internal or external stairs, steep driveway etc.)

☐ No ☐ Yes If yes, provide details

Have there been any modifications to your home to improve safety and access (e.g. rails in the shower or toilet, ramps tec.)

☐ No ☐ Yes If yes, provide details

Are there any safety issues for others who may visit you at home? (e.g. Dogs)

☐ No ☐ Yes If yes, provide details

Your support needs

Do you need support for any of the following activities currently?

Showering

☐ Yes ☐ No If yes, provide details

Mobility

☐ Yes ☐ No If yes, provide details

Cooking meals

☐ Yes ☐ No If yes, provide details

Home cleaning

☐ Yes ☐ No If yes, provide details

Lawn mowing and gardening

☐ Yes ☐ No If yes, provide details

Breathing (Oxygen)

☐ Yes ☐ No If yes, provide details

Driving or other transport

☐ Yes ☐ No If yes, provide details

Other

☐ Yes ☐ No If yes, provide details

icare™

Your supports

What support do you receive from your partner, family, friends and people in the community?

Do you receive any paid supports at the moment? (e.g. Community Aged Care Package, private cleaner, meals on wheels etc.)

Other information

Other information or comments

Once completed please e-mail this form to:

Dust Diseases Care
DDCenquiries@icare.nsw.gov.au