

NAME:					
PHYSICAL					
YES	NO	I CAN	YES	NO	I CAN
		Stand Aided			Sit up myself
		Raise my arms			Sit up unsupported
		Move my arms			Sit up with support of pillows
		Move my legs			Turn myself in bed
		Straighten my legs			Lift up my head when lying down
		Lie on my stomach			Dress myself aided
		Lie on my back with support pillows			Get in and out of bed myself
		Lie on my back without support pillows			Get up and down from a chair myself
					I am able to call for assistance and require a buzzer at hand
FEEDING					
YES	NO	I CAN	YES	NO	I CAN
		Feed myself unaided			Take drinks from my side locker
		Feed myself using aids			Hold a cup unaided
		Cut up my food			Drink from an ordinary cup
		Eat lying down			Drink through a straw
TOILET					
YES	NO	I CAN	YES	NO	I CAN
		Sit on a toilet unaided			Wash myself
		Sit on a toilet aided			Wash my hands and face only
		Wipe myself			Comb my hair
		Get up from a toilet unaided			Clean my teeth
		Get up from a toilet aided			Blow my nose
		Use a commode			Shave myself
		Used a bed pan/bottle unaided			Other:
		Use a bed pan/bottle aided			
MEDICATION					
YES	NO	I CAN	YES	NO	I CAN
		Swallow tablets			Take liquid medication
Other information I would like you to know:					

BODILY FUNCTIONS
My regular bladder routine is:
My regular bowel routine is:
TRANSPORT
Can you transfer yourself from bed to chair and vice versa independently?
What transfer method is best for you? Details please....
SLEEPING AND BEDCARE
The mattress I use is:
Do you need extra pillows? If so, how many?
Do you have a preferred side to sleep on?
I like to be turned:
SENSATION AND BODY CARE
I have sensation in:
Do you have spasms which we should know about? Describe.
Do you have specific pain areas we should know about? Describe.

Tel: 0860 765 5464 or 031-767 0348/52 Email: info@gasa.co.za Web: www.qasa.co.za

Are your needs understood when you go to hospital?

Download this Personal Info Hospital Card.



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