

Patient Assessment Form

Patient Details (attach sticker):

Date Completed: _____ Name of Assessor: _____

Resting Blood Pressure (BP) and Heart Rate (HR)

	Systolic BP	Diastolic BP	HR
Measure 1			
Measure 2			
Measure 3			

Bloods

Test	Result	Date
Total cholesterol (mmol/L)		
HDL-c (mmol/L)		
LDL-c (mmol/L)		
Triglycerides (mmol/L)		
Glucose (mmol/L)		

Tick if not completed

Anthropometric Measures

Height (cm and m)	cm	m
Weight (kg)		
BMI (kg/m ²)		
BMI Classification		
Waist (cm)	1.	2.
Hip (cm)	1.	2.
Average Waist (cm)		Waist classification:
Average Hip (cm)		
Waist Hip Ratio (WHR)		WHR classification:

Physical Function

Functional Test	Result
Arm Curl (no. completed in 30 seconds)	
60 second Sit to Stand (no. completed in 60 seconds)	

Functional Ability

DASI Score	
Predicted $\text{VO}_{2\text{ peak}}$	($\text{ml.kg}^{-1}.\text{min}^{-1}$)

Falls Risk

Please tick relevant box

Not completed	
Lower risk	
Higher risk	

Goal Evaluation

Patients should set their own goals but there are certain things you can do to help patients achieve their goals.

Note: have a look at the goals set by your patient, which can be found in your patients **My Get Active Guide**.

Things you can do to help (tick each of the below if completed):

- Check to see if they have made goals. If not, encourage them to do so.
- Are the goals SMART? If not, perhaps help them to make SMART goals.
- How important is it for them to achieve their goal? If goals are important, patients are much more likely to change their behaviours.
- How confident are they that they can achieve their goal? If confidence is low, they are much less likely to succeed. As part of your assessment if you find that confidence is low, ask them why that is, perhaps there are some simple ways that confidence can be increased
 - ★ tell them success stories
 - ★ pair patients together (buddy system)
 - ★ suggest solutions to possible barriers etc.

Support from you and others can help to increase a patient's self-confidence and the chances of a positive behaviour change.

Tick if not completed

Exercise Prescription

Use the **Exercise Prescription Form** (Appendix 8) to prescribe exercise during dialysis (cycling and/muscle strengthening exercise) and/exercise outside of the renal unit.

Tick if not completed