



NAME: PIANTE, Clara

HSN: 825 545 737

D.O.B.: 15/08/19XX (89 year old at the time the video was created)

RUH  SCH  SPH  Other \_\_\_\_\_

**OCCUPATIONAL THERAPY  
CLINICAL CONSULTATION**

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Patient address: \_\_\_\_\_

WCB  NIHB \_\_\_\_\_

Patient phone #: \_\_\_\_\_

SGI  DVA  Other \_\_\_\_\_

NOK/Phone #: Daryl Plante (306)-207-9969

**Diagnosis/History:**

Chronic urinary tract infection.

**Referral date:** Jan. 2

**Consent for treatment discussed/obtained:**  Yes  No  Other \_\_\_\_\_

**Past medical history:**

HTN, CHF, type 2 DM, Chronic kidney disease (mild), osteoarthritis, osteoarthritis, # (R) humerus [redacted], hypothyroidism, gout, HOH, macular degeneration, ex-smoker, hx of chronic UTIs.  
humerus 5yr old #

**Pertinent orders/  
Clinical data:**

**Social history/Previous level of functioning/Home environment:**

C.P. Lives alone in a private assisted living facility. Widowed ([redacted]). She has two living children. Son Dwight passed away a few years ago. Strained relationship with children. She is close to her nephew, Daryl, who is supportive and assists when he can. He lives in P.A.. She attends Native Service Centre on Wednesdays. Previously, independent in ADLs and IADLs. Receives lunch and supper in facility's dining room.

widowed 10 yrs

**Equipment in place:**

Bathroom 0

Bedroom 0

Living room 0

Mobility 0

**Medication management:**

Independent with bottles

Weekly dosette

Bubble packaging By nephew

Reports missing doses

**Driving:**  Holds current license  Recommend driving be addressed  Does not drive

**Comments:** Nephew will take her to Native Service Centre on Wednesdays when he is available.

**Cognition/Perception/Affect:**

Not formally assessed

No obvious deficits

Further testing required/planned

Decreased level of consciousness

Known pre-existing cognitive impairment

Decreased reasoning/problem solving

Decreased attention

Decreased initiation

Difficulty following commands

Impulsive

Vague

Disorientation

Decreased memory

Perseveration

**Comments:**

C.P. Reported that she is scared to go out by herself in case she gets lost. She said her memory is not as good as it use to be. Nephew reported that she has wandered away from complex and got lost before. He also relayed that she frequently forgets to take meds.

**CLINICAL CONSULTATION**

Patient Label

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<b>General body scan:</b> <input checked="" type="checkbox"/> Skin integrity <small>Bruising on arms and legs</small> <input type="checkbox"/> Contractures <input checked="" type="checkbox"/> Edema <sup>LE</sup> <input checked="" type="checkbox"/> Decreased sensation <sup>LE</sup> <input checked="" type="checkbox"/> Pain <small>(R) Shoulder on movement</small> <input type="checkbox"/> Ostomy <input type="checkbox"/> Oxygen <input type="checkbox"/> Supplemental feed <input type="checkbox"/> Foley <input type="checkbox"/> Other _____			<b>Upper extremity:</b> <input type="checkbox"/> Functional <input type="checkbox"/> Other <u>decreased ROM (R) Shoulder</u>
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ADLs	Assistance Required	Activity	Assistance Required
Toileting	-Grab bar - Occasionally incontinent	Lying ↔ Sitting	I
Dressing U/E	Difficulty with pull over tops, Independent button up	Sitting ↔ Standing	Ax1 w/2 WW
Dressing L/E	Difficult with socks and tying shoes. Independent with slip on shoes	Bed ↔ Chair	Ax1 w/2 WW
Feeding	I	Mobility	Ax1 w/2WW

**Comments:** SOBOE noted. C.P. Reported pain in (R) shoulder with UE dressing. She was unable to bend to reach her feet to don socks and tie shoes. She reported that she usually wears slip on shoes with no socks in apt and facility and only wears shoes when she goes out and someone is always with her then to help.

**Occupational performance issues:**

- Impaired cognition
- Decreased independence with bed mobility/transfers
- Decreased functional mobility
- Decreased independence with ADLs
- Decreased endurance
- Patient drives – safety concerns
- Equipment needs
- Safe discharge planning/disposition

- \_\_\_\_\_
- \_\_\_\_\_

**Strengths:**

- Previously independent with ADLs/mobility
  - Supportive family/Accessible environment
  - \_\_\_\_\_
- Supportive nephew. Lives in assisted living env. With elevator access. Lunch/supper meals provided by facilities.

**Patient goals/Intervention plan/Comments:**

1. Further cognitive Ax
2. Practice transfers
3. Practice ADLs - education on compensatory strategies
4. Ax for equipment needs for d/c/

**Recommended consults:**

**Therapist signature:** Barb Brown, 07 Reg (SK)

**Date:** Jan. 4

**Name (printed):** Barb Brown

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