

SECTION A: TO BE COMPLETED BY APPROVED ASSESSOR

15242

(S05431401)

FUNCTIONAL ASSESSMENT

Name of Person Needing Assessment: ANG AI CHOO

DOB: 04/06/1935 84 y Sex: F Reg: 09 Jan 2019
 Tel: / 98899268
 83B CIRCUIT ROAD
 #13-18 MACPHERSON SPRING S(372083)
 Allergy: NO G6PD: UNKNOWN L: English
 Nationality: SINGAPORE CITIZEN

NRIC/Birth Certificate No. S05431401
 of Person Needing Assessment:

Activities of Daily Living ("ADLs")*

Please complete the assessment for all 6 ADLs. If any of the ADLs is left blank, it will be taken that the Person Needing Assessment is independent in performing the ADL.

		Requires help/supervision	Independent - No help is required
i	Mobility	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ii	Washing or Bathing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
iii	Dressing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
iv	Feeding	<input type="checkbox"/>	<input checked="" type="checkbox"/>
v	Toileting	<input checked="" type="checkbox"/>	<input type="checkbox"/>
vi	Transferring	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please estimate when the Person Needing Assessment first required assistance with the ADLs.

00 / 2017 (MM/YYYY)

L DR CHUA THIAM ENG
 MBBS (S'PORE), Grad.Dip.Family.Med

Please indicate whether the need for assistance will be required for at least another 6 months from date of assessment.

☒ Yes, required for at least another 6 months from date of assessment ☐ No

Approved Assessor's Declaration And Signature

I have assessed the above Person Needing Assessment and confirm that the information set out in this Section A is true and correct to the best of my knowledge.

☐ I declare that the Person Needing Assessment is related to me, or otherwise known to me outside my capacity as a registered healthcare professional. The Person Needing Assessment is my family member or relative / friend / employer / employee / others*(please elaborate: _____). *Please delete accordingly.

DR CHUA THIAM ENG
 MBBS (S'PORE), Grad.Dip.Family.Med.
 MCR 06796B

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 308 Telok Kurau Rd #01-08 Vibes@East Coast
 Singapore 423858
 Tel: 6348 8389 Fax: 6348 8390

06 JAN 2020

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 63488390

Name, Registration No. &
 Signature of Approved Assessor

Stamp of Organisation /
 Clinic/ Hospital

Date

Tel / Fax Nos.

Important Note: Approved Assessor must sign against any amendment(s) made and affix the official stamp of the organisation / clinic / hospital, failing which, the FAR will be deemed incomplete and may be rejected.

Notes for Assessor

- a. Mobility Needs help to walk indoors or move in a wheelchair from room to room on level surface for about 8 metres (about twice the length of a clinic). This is regardless of the use of walking aid(s) and the speed of walking.
- b. Washing or Bathing Needs help to wash body (excluding back) in the bath, shower or sponge/bed bath. Includes subcomponents of washing, rinsing and drying.
- c. Dressing Needs help to put on, take off, secure and unfasten garments (upper and lower) and any braces, artificial limbs or other surgical appliances.
- d. Feeding Needs help to feed oneself after food has been prepared and made available.
- e. Toileting Needs help to use the toilet and manage bowel and bladder hygiene. Consists of (i) maintenance of balance during the act of urination or defecation and clothing adjustment, and (ii) maintaining perineal hygiene such as using toilet paper to clean the perineum. Independent of actual bowel or bowel functions e.g. incontinence. Does not include changing of long-term indwelling catheters.
- f. Transferring Needs help to transfer from bed to an upright chair or wheelchair, and vice versa. Includes (i) sitting up from a lying position; (ii) moving from a sitting to standing position; (iii) a weight or pivot shift; and (iv) a controlled descent to a sitting position in another location.

*Approved Assessors¹ shall be:

- doctors who are under full or conditional registration with the Singapore Medical Council;
- registered nurses who are under full or conditional registration with the Singapore Nursing Board;
- physiotherapists who are under full, conditional or restricted registration with the Allied Health Professions Council ("AHPC"); and
- occupational therapists who are under full, conditional or restricted (restricted scope classification - "Physical dysfunction/ Adults and older adults" only) registration with AHPC.