

EPUT - SEE MASS Diagnostic Assessment

Patient

Name: [I/S]

NHS Number: [I/S]

Address: The Lodge, Runwell Chase

Runwell, Wickford

SS11 7XX

Telephone:

Date of Birth: [I/S]

Mobile Tel.: [I/S]

Work number for SMS testing

Done By

Name:

Date:


General

Dementia Assessment Service


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General


Consent

 EPUT Consent Template


Smoking Status

 EPUT Community Smoking Status


Observations

 EPUT Observations


Allergies

 Record Allergy or Sensitivity


Alcohol Intake

 Weekly Alcohol Intake...

Ethnicity

 EPUT Ethnicity, Religion, Spiritual & Cultural

Current Medication

 EPUT Current Medication Template

Reason for Referral

Reason for referral

Open Referrals In

07 Oct 2024 0... Referral In to MSE eFraCCS Frailty register for Electronic Frai... Registered

All communications & letters

09 Sep 2024 Document to [I/S]

09 Sep 2024 Referral Letter to [I/S]

09 Sep 2024 Referral Letter to [I/S]

09 Sep 2024 PEACE Document to [I/S]

24 Mar 2025  
[I/S]

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Confidential: Personal Data

## EPUT - SEE MASS Diagnostic Assessment

### Patient

Name: [I/S] \_\_\_\_\_

NHS Number: [I/S] \_\_\_\_\_

### ADL / Current Social Situation

#### Dementia Assessment Service

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Dementia annual review

☐

#### **Presenting Problem** (*Clients concerns/perception views of other recent life events triggers/patterns contributing factors emotional,psycholgical*)

Patients perception of current problem

#### **Views of relatives / carers** (If not applicable, please state why)

Carers perception of current problem

#### **Activities of daily living**

##### **Please upload the ADL Questionnaire**

Activities of daily living assessment

Functional Assessment Tool Used

Personal Care Activities  
Tick one

- ☐ Able to perform personal care activity (Xa2u6)
- ☐ Difficulty performing personal care activity (Xa2uA)
- ☐ Unable to perform personal care activity (Xa2u7)

#### **Employment/ Occupational history**

Employment history and observations

EPUT - SEE MASS Diagnostic Assessment

Patient

Name: [I/S] " " NHS Number: [I/S]

Financial Situation

Dementia Assessment Service

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Lasting Power of Attorney

Please include a comment to indicate who has power of attorney

Lasting power of attorney personal welfare

Lasting power of attorney property and affairs

Finance

Financial circumstances

Attendance allowance

Benefits

Entitled to benefits

Housing benefit

Incapacity benefit

Sickness benefit

Unemployment benefit

Retirement pension

Patient

Name: [I/S] NHS Number: [I/S]

Personal & Family History

Dementia Assessment Service

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Personal History

Life events

History of abuse

Education and schooling

Familyhistory


Family history

Details of family

Social Networks

Care and support circumstances and networks

Recording Groups and Relationships

 Groups & Relationships

Patient

Name: [I/S] " " NHS Number: [I/S]

Psychiatric & Medical History

Dementia Assessment Service

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Psychiatric History

[V]Personal history of mental disorder : no

[V]Personal history of mental disorder

Other relevant history

Seen by forensic psychiatry - service

[V]Personal history of neglect

[V]Personal history of self-harm

H/O: attempted suicide

Aggressive behaviour

Medication

Dementia Assessment Service

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Medical history

Past medical history

History of substance misuse

EPUT Observations

EPUT Community Smoking Status

Record Allergy or Sensitivity

EPUT Current Medication Template

Medication Dosette Box

Uses dispensed monitored dosage system

Transfers medication to own monitored dosage system

EPUT - SEE MASS Diagnostic Assessment

Patient

Name: [I/S] NHS Number: [I/S]

Testing & Outcome (Mental State & Mood)

Dementia Assessment Service

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Mental State - Initial Impression

Additional mental state observ

Behavioural assessment

MCA1 Form 1

Mood Anxiety Tools

PHQ 9 - Personal Health Questionnaire

GAD - 7

EPUT Geriatric Depression Scale MH

EPUT HADS

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Patient


Name[I/S]NHS Number[I/S]

Testing & Outcome (MRI/CT - ACE-III)

Dementia Assessment Service


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MRI/CT



Record of Scans

ACE-III



EPUT - ACE-III

Please add score breakdown in free text box

M-ACE

/ 30

Outcome of Assessment

Outcome

Health promotion

Dementia leaflet given

Signposting to dementia support service

## Patient

Name: [I/S] \_\_\_\_\_

NHS Number: [I/S] \_\_\_\_\_

## Carers Information

### Dementia Assessment Service

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## Carers Information

### Does patient have an identified carer?

Has a carer ☐

Does not have a carer ☐

Child is informal carer ☐

*If patient does have an identified unpaid carer please approach the carer to see if they would like you to complete a Carers Screening Tool. They will **have** to be registered in their own right on SystmOne and have a 'Carers Support' referral applied.*

*If you have identified a young carer please select 'Child is informal carer' and refer on as appropriate to Local Authorities.*

### CARERHASDECLINEDSCREENINGPROCESS

Carer does not want form completing ☐

### Is the patient themselves the carer of another?

Patient themselves providing care ☐

*If patient is an identified carer themselves please complete the Carers Screening Tool. They will need to have a 'Carers Support' referral added and the activity of completing the assessment must be saved against this referral.*



EPUT Carers Screening T...

**PLEASE NOTE: The carers screening can only be completed from this page if the patient themselves is the carer.**



## EPUT - SEE MASS Diagnostic Assessment

### Patient

Name: [I/S] " " NHS Number: [I/S]

### Template Information

#### TEMPLATE INFORMATION

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#### Guidance

Created by: [I/S] - Systems Development Officer  
[I/S] - EPR Project Manager

Updated by:

Date Completed: November 2021

Review Date: November 2025

**CQC Outcomes:**

- Outcome 1: Respecting and involving people who use service (Regulation 17)
- Outcome 2: Consent to care and treatment (Regulation 18)
- Outcome 4: Care and welfare of people who use services (Regulation 9)
- Outcome 5: Meeting nutritional needs (Regulation 14)
- Outcome 6: Cooperating with providers (Regulation 24)
- Outcome 7: Safeguarding people who use services from abuse (Regulation 11)
- Outcome 8: Cleanliness and infection control (Regulation 12)
- Outcome 9: Management of medicines (Regulation 13)
- Outcome 11: Safety, availability and suitability of equipment (Regulation 16)
- Outcome 16: Assessment and monitoring the quality of service provision (Regulation 10)
- Outcome 21: Records (Regulation 20)