

Return this form to:

eCHELON

GENERAL INSURANCE COMPANY

1550 Enterprise Road, Suite 310,
Mississauga, Ontario L4W 4P4

**Assessment of Attendant
Care Needs
(Form 1)**

Policy No.

Claim No.

Use this form to report the future needs for attendant care required by the applicant as a result of an automobile accident that occurs on or after February 1, 2007. This form must be completed by a member of a health profession who is authorized by law to treat the person's impairment (in this form referred to as a regulated health professional). This form has five parts:

- Part 1: Level 1 Attendant Care
- Part 2: Level 2 Attendant Care
- Part 3: Level 3 Attendant Care
- Part 4: Calculation of Attendant Care Costs
- Part 5: Signature of Assessor(s)

Please complete all relevant parts. You will have to make copies and give one to:

- the applicant
- the applicant's health practitioner
- the applicant's insurance company

Please note: Users of Form 1 should also review other accident benefits available under the Statutory Accident Benefits Schedule for possible reimbursement of other losses and expenses (such as housekeeping and home maintenance, transportation, home modifications and other medical and rehabilitation expenses).

Applicant's Name

Applicant's Name	Date of Birth
Street Address	Date of Accident
City Province	Postal Code
Name of Policyholder (if different than above)	Policy No.

What is the date of this assessment?

Is this the first assessment of this applicant?

Yes No

Date of Last Assessment

Current Monthly Allowance

**Applicant's Health
Practitioner**

Name of Health Practitioner	Telephone No.
Facility or Institution	
Street Address	
City Province	Postal Code

**Insurance
Company**

Name	Telephone No.
Street Address	
City Province	Postal Code
Name of Policyholder	Policy No.

**Part 1:
Level 1
Attendant Care**

Level 1 attendant care is for routine personal care. Please assess the care requirements of the applicant for each activity listed. Estimate the time it takes to perform each activity, and the number of times each week it should be performed. Multiply the number of minutes by the number of times each week the activity should be performed to get the total number of minutes per week for each activity.

		Number of Minutes	X	Times per week	=	Total minutes per week
Dress	Upper Body (for example, underwear, shirt/blouse, sweater, tie, jacket, gloves, jewelry)					
	Lower Body (for example, underwear, disposable briefs, skirt/pants, socks, panty hose, slippers shoes)					
	Subtotal					
Undress	Upper Body (for example, underwear, shirt/blouse, sweater, tie, jacket, gloves, jewelry)					
	Lower Body (for example, underwear, disposable briefs, skirt/pants, socks, panty hose, slippers shoes)					
	Subtotal					
Prosthetics	applies to upper/lower limb prosthesis and stump sock(s)					
	exchanges terminal devices and adjusts prosthesis as required					
	ensures prosthesis is properly maintained and in good working condition					
	Subtotal					
Orthotics	assists dressing applicant using prescribed orthotics (for example, burn garment(s), brace(s), support(s), splints, elastic stockings)					
	Subtotal					
Grooming	Face: wash, rinse, dry, morning and evening					
	Hands: wash, rinse, dry, morning and evening, before and after meals, and after elimination					
	Shaving: shaves applicant using electric/safety razor					
	Cosmetics: applies makeup as desired or required					
	Hair:					
	brushes/combs as required					
	shampoos, blow/towel dries					
	performs styling, set and comb-out					
	Fingernails: cleans and manicures as required					
	Toenails: cleans and trims as required					
Subtotal						

Part 1 continued...

Number of Minutes X Times per week = Total minutes per week

		Number of Minutes	Times per week	Total minutes per week
Feeding	prepares applicant for meals (includes transfer to appropriate location)			
	provides assistance, either in whole or in part, in preparing serving and feeding meals			
Subtotal				

Mobility (location change)	assists applicant from sitting position (for example, wheelchair, chair, sofa)			
	supervises/assists in walking			
	performs transfer needs as required (for example, bed to wheelchair, wheelchair to bed)			
Subtotal				

Extra Laundering	launders applicant's bedding and clothing as a result of incontinence/spillage			
	launders/cleans orthotic supplies that require special care			
Subtotal				

Part 1 Total – Add all Part 1 Subtotals. Fill in total here and in Part 4 on Page 7

**Part 2:
Level
Attendant Care**

Level 2 Attendant Care is for basic supervisory functions. Please assess the care requirements of the applicant for each activity listed. Estimate the time it takes to perform each activity, and the number of times each week it should be performed. Multiply the number of minutes by the number of times each week the activity should be performed to get the total number of minutes per week for each activity.

Number of Minutes X Times per week = Total minutes per week

		Number of Minutes	Times per week	Total minutes per week
Hygiene	Bathroom			
	cleans tub/shower/sink/toilet after applicant's use			
	Bedroom			
	changes applicant's bedding, makes bed, cleans bedroom, including Hoyer lifts, overhead bars, bedside tables			
	ensures comfort, safety and security in this environment			
	Clothing Care			
	assists in preparing daily wearing apparel			
	hangs clothes and sorts clothing to be laundered/cleaned			
Subtotal				

Part 2 continued...

	Number of Minutes	Times per week	Total minutes = per week
Basic Supervisory Care			
applicant lacks the capacity to reattach tubing if it becomes detached from trachea			
applicant requires assistance to transfer from wheelchair, periodic turning, genitourinary care			
applicant lacks the ability to independently get in and out of a wheelchair or to be self-sufficient in an emergency			
applicant lacks the ability to respond to an emergency or needs custodial care due to changes in behaviour			
Subtotal			

	Number of Minutes	Times per week	Total minutes = per week
Co-ordination of Attendant Care			
applicant requires assistance in co-ordinating/scheduling attendant care (maximum 1 hour per week)			
Subtotal			

Part 2 Total – Add all Part 2 Subtotals. Fill in total here and in Part 4 on Page 7

**Part 3:
Level 3
Attendant Care**

Level 3 attendant care is for complex health/care and hygiene functions. Please assess the care requirements of the applicant for each activity listed. Estimate the time it takes to perform each activity, and the number of times each week it should be performed. Multiply the number of minutes by the number of times each week the activity should be performed to get the total number of minutes per week for each activity.

Number of Minutes X Times per week = Total minutes per week

	Number of Minutes	Times per week	Total minutes per week
Genitourinary Tracts	performs catheterizations		
	positions, empties and cleans drainage systems		
	cleans applicant and equipment after procedure/incontinence		
	uses disposable briefs as required		
	attends to menstrual cycle needs as required		
	monitors residuals		
Subtotal			

Bowel Care	administers enemas or suppositories and performs stimulation or disimpaction		
	performs colostomy and/or ileostomy care		
	positions, empties and cleans drainage systems, including ilio-conduits		
	uses disposable briefs as required		
	cleans applicant and equipment after procedure/evacuation		
Subtotal			

Tracheostomy Care	changes and cleans inner and outer cannulae as needed		
	changes tapes as required		
	performs suctioning as required		
	cleans and maintains suction equipment		
Subtotal			

Ventilator Care	ensures volume rate and pressure are maintained as prescribed		
	maintains humidification as specified		
	changes and cleans tubing and filters as required		
	cleans humidification system as required		
	adjusts settings according to client needs (for example, colds, congestion)		
	reattaches tubing if it becomes detached		
Subtotal			

Exercise	assists applicant with prescribed exercise/stretching program		
	assists applicant with walking activities using crutches, canes, braces and/or walker		
Subtotal			

Part 3 continued...

Number of Minutes X Times per week = Total minutes per week

Skin Care
(excluding bathing)

attends to skin care needs – wounds, sores, eruptions, (amputees, severe burns, spinal cord injuries, etc.)			
applies medication and prescribed dressings			
applies creams, lotions, pastes, ointments, powders as prescribed or required			
checks body area(s) for evidence of pressure sores, skin breakdown or eruptions			
periodic turning to prevent or minimize pressure sores and skin breakdown/shearing			
Subtotal			

Medication

Oral			
administers prescribed medications			
monitors medication intake and effect			
maintains and controls medication supply			
Injections			
administers prescribed medications			
monitors medication intake and effect			
maintains and controls medication supply			
Inhalation/Oxygen Therapy			
administers prescribed dosage as required			
maintains and controls inhalation supplies			
cleans and maintains equipment			
Subtotal			

Bathing

Bathtub or Shower			
transfers applicant to and from bed, wheelchair or Hoyer lifts to bathtub or shower			
bathes and dries client			
applies creams, lotions, pastes, ointments, powders as prescribed or required			
Bed Bath			
prepares equipment			
bathes and dries applicant			
applies creams, lotions, pastes, ointments, powders as prescribed or required			
cleans and maintains bed/bath equipment			
Oral Hygiene			
brushes and flosses			
cleanses mouth as required			
cleans dentures as required			
Subtotal			

Part 3 continued...

Number of Minutes X Times per week = Total minutes per week

Other Therapy	Transcutaneous Electrical Nerve Stimulation (TENS)			
	prepares equipment			
	administers treatment as prescribed or required			
	Dorsal Column Stimulation (DCS)			
	monitors skin			
	maintains equipment			
Subtotal				

Maintenance of Supplies and Equipment	monitors, orders and maintains required supplies/equipment			
	ensures wheelchairs, prosthetic devices, Hoyer lifts, shower commodes and other specialized medical equipment and assistive devices are safe and secure			
	Subtotal			

Skilled Supervisory Care	applicant requires skilled supervisory care for violent behaviour that may result in physical harm to themselves or others			
	Subtotal			

Part 3 Total – Add all Part 3 Subtotals. Fill in total here and below

Part 4: Calculation of Attendant Care Costs

This part must be completed by the assessor. Calculate the monthly attendant care allowance for Part 1, 2 and 3. The sum of all three parts will be the Total Assessed Monthly Attendant Care Benefit.

	Total Minutes per Week	÷ 60 =	Total Weekly Hours	X 4.3 =	Total Monthly Hours	X	Hourly Rate	=	Monthly Care Benefit
Part 1 (from Pg.3)							\$11.23		\$
Part 2 (from Pg.4)							\$8.00		\$
Part 3 (from Pg.7)							\$17.98		\$

Total Assessed Monthly Attendant Care Benefit
(This amount is subject to the limits allowed under the Statutory Accident Benefits Schedule)

\$

Part 5: Signature(s) of Assessor(s) (Regulated Health Professional(s))

Name of Regulated Health Professional		Registration Number		You are a: <input type="checkbox"/> Chiropractor <input type="checkbox"/> Dentist <input type="checkbox"/> Massage Therapist <input type="checkbox"/> Nurse <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Optometrist <input type="checkbox"/> Physician <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Psychologist <input type="checkbox"/> Speech Language Pathologist <input type="checkbox"/> Other
Facility Name (if applicable)		AISI number (if applicable)		
Address				
City	Province	Postal Code		
Telephone Number	Extension	Fax Number		
Email Address				
I confirm that, to the best of my knowledge, the information in this form is accurate. I have obtained the appropriate consent from the applicant for the collection, use and disclosure of the information submitted.				
Signature of Regulated Health Professional			Date (YYYYMMDD)	