

This document describes changes to the Health Assessment Form.

Please send completed forms to Ontario Health atHome.

Do you have additional questions? Please contact [HAFinfo.ltc@ontario.ca](mailto:HAFinfo.ltc@ontario.ca)

Please make sure to sign the completed form.

**Note:** The Health Assessment Form can be completed by a physician, nurse practitioner, or registered nurse.

Form Section	Changes
Status of Assessment	<p>This clarified section allows practitioners to indicate where a previous assessment has been done and the applicant's health status has not changed. In this case, a full re-assessment is not required.</p> <ul style="list-style-type: none"> <li>• Indicate "Initial Assessment" if you are completing the Health Assessment Form for the applicant for the first time.</li> <li>• Indicate "Reassessment" if you have previously completed the Health Assessment Form for the same applicant.</li> <li>• For a reassessment, please indicate whether there has been a change to the applicant's health since the last assessment and complete the appropriate sections of the form.</li> </ul> <p>Please Note: If there has been no change in the applicant's health status since the last assessment, you are only required to complete the Applicant and Practitioner Information Sections and then sign the form.</p>
Medical Diagnoses	<p>This section has been clarified to note that practitioners are asked to focus on diagnoses that are most current and relevant to the individual's needs in long-term care.</p> <ul style="list-style-type: none"> <li>• Practitioners can list the information on the form and/or simply attach the cumulative patient profile (CPP).</li> <li>• If the CPP is attached practitioners are asked to check the relevant check box to indicate this.</li> </ul>
Advanced Care Planning	<p>This section has been clarified and asks practitioners to provide additional information related to advanced care planning, where known.</p> <ul style="list-style-type: none"> <li>• Information related to palliative care planning and/or advanced directives should be provided, where known;</li> <li>• If the information is provided in an attachment, practitioners are asked to indicate that.</li> </ul>

Form Section	Changes
Medications	<p>This section has been revised to prioritize specific medications.</p> <ul style="list-style-type: none"> <li>• A list of medications can be attached to the form or provided in the text box on the form.</li> <li>• If the list of current medications is included in the CPP, the check box for “Information is included in the cumulative patient profile attached” must be checked.</li> </ul> <p>As well as noting other medications, practitioners are asked to make sure that they indicate where ‘priority medications’ including benzodiazepines, antipsychotics, other psychotropic drugs, opioids, and diuretics/antiglycemics have been prescribed, and provide additional information where applicable.</p> <p>As well as other medications, it is especially important that long-term care homes and clinicians are aware of these medications having been prescribed.</p>
Substance Use Disorder(s) or Dependence	<p>This section has been elaborated to capture specific information.</p> <ul style="list-style-type: none"> <li>• Answer whether the individual has a substance use disorder or substance dependence and specify further.</li> <li>• Information can be provided on methadone maintenance treatment or other treatment(s) for opioid use disorder, including prescriber and associated pharmacy information.</li> </ul> <p>Where a substance or medication is prescribed not related to a substance use disorder or dependence (e.g., for therapeutic purposes), this should be provided under the Medications section.</p> <p>Note: This section captures prescriber and pharmacy information only for treatments related to substance use disorders and dependence.</p>
Responsive Behaviours	<p>This section has been clarified and language has been updated.</p> <p>Practitioners are asked to describe any current behaviours and/or behaviours during the past 12 months, where known.</p>
Wounds	<p>This section has been clarified to capture information on wounds and wound care.</p> <p>If the applicant has a wound care specialist, provide their name, and contact information in the fields provided. If known, practitioners should also include, in the additional information text box, whether the wound care specialist will continue to provide care following admission to long-term care.</p>
Tuberculosis (TB) Screening	<p>Please note: A chest x-ray is no longer required for all applicants to long-term care in Ontario.</p> <p>Practitioners are asked to screen for symptoms and risk factors. Where screening cannot be completed, practitioners are asked to indicate that the screening was not completed.</p>

Form Section	Changes
Medical Devices and Assistive/Adaptive Devices	<p>This section has been elaborated to capture specific information.</p> <p>Where known, practitioners completing the form are encouraged to include additional information such as frequency of use, how device is cleaned/changed, and other related information in the additional comments/specifications box on the form.</p>
Adding the Cumulative Patient Profile	<p>Note: Several sections on the form include an option for “(Information is included in the cumulative patient profile attached)” in the header for that section.</p> <ul style="list-style-type: none"> <li>Where the information is included in the attached cumulative patient profile and this option is checked, the practitioner is not required to fill out that particular section on the form, but may provide additional relevant information, where known, in the text box provided.</li> </ul>
Indicating that information is not known	<p>Key sections of the form have been revised to allow practitioners to indicate that they do not have access to specific information such as recent vaccines.</p> <p>There are check boxes for “Unknown” or “Not known” for various required questions that must be completed by selecting a check-box option, and/or providing additional information.</p> <p>This has also been done to provide clarity to other users of the completed forms that they do not need to follow up with practitioners to provide information that they do not have.</p>
Form Length	<p>The form has been re-designed and some sections include more space for practitioners to include information. As well, a number of questions have been clarified from the previous version.</p> <p>The revised form was developed with the Ontario Medical Association, nursing organizations, Ontario Health atHome, and other partners, and is intended to be clearer and more user friendly to complete.</p>

**Note:** Please remember to sign the completed form before you send it.