

Printable patient audit sheet

Use this to record your patient cases before entering the data on the online tool.

1. Demographics		
1.1	Patient identifier	
1.2	Gender	<ul style="list-style-type: none"> • Male • Female • Other/patient prefers not to say
1.3	Ethnicity	<ul style="list-style-type: none"> • White <ul style="list-style-type: none"> ○ British, ○ Irish ○ Traveller ○ Any other White background) • Asian/Asian British <ul style="list-style-type: none"> ○ Bangladeshi ○ Chinese ○ Indian ○ Pakistani ○ Any other Asian background • Black/Black British <ul style="list-style-type: none"> ○ African ○ Caribbean ○ any other Black background • Mixed/multiple ethnic backgrounds <ul style="list-style-type: none"> ○ mixed - White and Black ○ mixed White and Asian ○ mixed any other background) • Other <ul style="list-style-type: none"> ○ Arab ○ Other ○ prefer not to say
1.4	Year of birth	
1.5	What setting does this Patient live in?	<ul style="list-style-type: none"> • Own home • Residential care home • Nursing home • Other (please specify)
1.6	In what setting was the individual seen?	<ul style="list-style-type: none"> • NHS – outpatient • NHS - community • Private clinic • At home • Other (please specify)

1.7	Parkinson's phase	<ul style="list-style-type: none"> • Diagnosis • Maintenance • Complex • Palliative
2. Referral		
2.1	Who made the referral to OT? (pick one)	<ul style="list-style-type: none"> • Neurologist • Geriatrician • Parkinson's nurse • Physiotherapist • GP • Dietician • Social care worker • Self-referral • Other • Unknown
2.2	Year of Parkinson's diagnosis	
2.3	Date of referral letter for this episode	(dd/mm/yyyy)
2.4	Date of initial OT intervention for this episode	(dd/mm/yyyy)
2.5	Has this referral been triggered as a result of a medical review?	<ul style="list-style-type: none"> • Yes • No • Unknown
2.6	What was the reason for referral to OT? (tick all that apply)	<ul style="list-style-type: none"> • Work roles • Family roles • Domestic activities of daily living • Leisure activities • Transfers and mobility • Personal self-care activities such as eating, drinking, washing and dressing • Environmental issues to improve safety and motor function • Mental wellbeing, including cognition, emotional and/or neuro-psychiatric problems • Management of fatigue • Other (please specify)

2.7	Was all the information essential for OT assessment and intervention available on referral?	<ul style="list-style-type: none"> • Yes, most of it • Yes, some of it • No
2.8	If 'no', what information was missing?	
2.9	As an occupational therapist, do you feel that the patient was referred at an appropriate time?	<ul style="list-style-type: none"> • Yes • No • Don't know
2.10	Were reports made back to the referrer/other key people at the conclusion of the intervention period (or interim reports where treatment lasts a longer time)?	<ul style="list-style-type: none"> • Yes • No, but will be done at the end of this intervention • No
3. Goals identified		
3.1a	What occupational goals were identified? (tick all that apply)	<ul style="list-style-type: none"> • self-care • productivity • leisure • other (please specify)
3.1b	Who identified goal(s)? (tick one)	<ul style="list-style-type: none"> • Patient • Therapist • Family • Collaboration • Other (please specify)
3.2	End of life care – who identified goals? (tick one)	<ul style="list-style-type: none"> • Patient • Therapist • Family • Collaboration • Not appropriate at this stage

4. Intervention strategies used

4.1	Initiating and maintaining movement (tick all that apply)	<ul style="list-style-type: none"> Promoting occupational performance abilities through trial of intrinsic cueing techniques Promoting functional abilities through trial of extrinsic cueing techniques Promoting functional ability throughout a typical day, taking account of medication Promoting functional ability throughout a typical day, taking into account fatigue None of the above treatment strategies applicable
4.1a	If you think any of the above specified treatment strategies could have been used with this patient, but they were not, what was the reason for this?	<ul style="list-style-type: none"> Lack of training in the technique Lack of experience in the technique Lack of time/not a priority Lack of resources Other (please state) Not applicable
4.2	Engagement, motivation, learning and carry-over (tick all that apply)	<ul style="list-style-type: none"> Promoting mental wellbeing Promoting new learning None of the above strategies applicable
4.2a	If you think any of the above specified treatment strategies could have been used with this patient, but they were not, what was the reason for this?	<ul style="list-style-type: none"> Lack of training in the technique Lack of experience in the technique Lack of time/not a priority Lack of resources Other (please state) Not applicable
4.3	Environmental adaptations/assistive technology – did intervention include assessment for: (tick all that apply)	<ul style="list-style-type: none"> Small aids and adaptations Wheelchair and seating Major adaptations Assistive technology Other (please state) None of the above treatment strategies applicable
4.3a	If you think any of the above specified treatment strategies could have been used with this patient, but they were not, what was the reason for this?	<ul style="list-style-type: none"> Lack of training in the technique Lack of experience in the technique Lack of time/not a priority Lack of resources Other (please state) Not applicable

4.4	Ensuring community rehabilitation and social support – were referrals made to: (tick all that apply)	<ul style="list-style-type: none"> • Social services OT • Social worker/carers • Other allied health professions • Respite care • Voluntary services • Access to work • Social prescribing • Other (please state) • None of the above treatment strategies applicable
4.4a	If you think any of the above specified treatment strategies could have been used with this patient, but they were not, what was the reason for this?	<ul style="list-style-type: none"> • Lack of training in the technique • Lack of experience in the technique • Lack of time/not a priority • Lack of resources • Other (please state) • Not applicable
4.5	Providing advice and guidance to support patient's self-management (tick all that apply)	<ul style="list-style-type: none"> • Work advice and resources • Specific ADL techniques • Cognitive strategies • Fatigue management • Relaxation/stress management • None of the above treatment strategies applicable
4.5a	If you think any of the above specified treatment strategies could have been used with this patient, but they were not, what was the reason for this?	<ul style="list-style-type: none"> • Lack of training in the technique • Lack of experience in the technique • Lack of time/not a priority • Lack of resources • Other (please state) • Not applicable
4.6	Providing information and support for family and carers (tick all that apply)	<ul style="list-style-type: none"> • Optimising function • Safe moving and handling • Support services • Managing changes in mood, cognition or behaviour • Parkinson's general education • Medicines education • Other (please state) • None of the above treatment strategies applicable

4.6a	If any specific treatment strategies above were applicable but not used, what was the reason for this?	<ul style="list-style-type: none"> • Lack of training in the technique • Lack of experience in the technique • Lack of time/not a priority • Lack of resources • Other (please state) • Not applicable
4.7	Providing support to enable choice and control (tick all that apply)	<ul style="list-style-type: none"> • Positive attitude/emotional set • Developing self-awareness/ adjustment to limitations • Increasing confidence • Explore new occupations • Other (please state) • None of the above treatment strategies applicable
4.7a	If any specific treatment strategies above were applicable but not used, what was the reason for this?	<ul style="list-style-type: none"> • Lack of training in the technique • Lack of experience in the technique • Lack of time/not a priority • Lack of resources • Other (please state) • Not applicable
5. About the Occupational Therapist		
5.1	What band (grade) is the occupational therapist who carried out the initial assessment of this person?	<ul style="list-style-type: none"> • 4 • 5 • 6 • 7 • 8a • 8b • 8c • Social service grade – junior occupational therapist • Social service grade – senior occupational therapist • Other
5.2	Approximately what percentage of people seen by the audited therapist in a year have Parkinson's?	<ul style="list-style-type: none"> • 0-19% • 20-39% • 40-59% • 60-79% • 80-99% • 100% • Unknown

6. Evidence base

6.1	<p>Which of the following did the audited therapist use to inform clinical practice or guide intervention?</p> <p>(tick all that apply)</p>	<ul style="list-style-type: none">• Clinical experience• Advice from colleague or supervisor• Occupational therapy for people with Parkinson's - best practice guide 2nd edition (2018)• Information from Parkinson's UK website• National Service Framework for Long term Conditions (2005)• NICE - Parkinson's disease: diagnosis and management in primary and secondary care (2017)• Published evidence in a peer reviewed journal• Training courses• Webinars, Social Media• None• Other (please specify)
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