

**Service User Documentation Checklist**

\*See 3.12 Keyworker Report Cycle for instructions on the use of this checklist

	Current N/A	Required	Reviewed	Archived	Team meeting	Supervision	Actions required and comments
Physical appearance of File and Folder							
Contents Page							
<b>1.0</b> Location of Additional Documents							
<b>1.1</b> Signature Page							
<b>1.2</b> Consent to Share Information							
<b>1.3</b> Identification and Birth certificate							
<b>1.4</b> Personal Profile							
<b>1.5</b> Progress Notes							
<b>1.5.1</b> Case Notes							
<b>1.6</b> Important Notes							
<b>1.7</b> Weekly Routine							
<b>1.8</b> Outings & Holidays							
<b>1.9.1</b> Family & Friends Contact							
<b>1.9.2</b> Family & Friends Register							
<b>1.10</b> Personal Care Plan							
<b>1.11</b> Behaviour IPRP							
<b>1.11.1</b> IPRP table							
<b>1.11.2</b> Interaction Guidelines							
<b>1.11.3</b> Behaviour Data Collection							
<b>1.12</b> Guardianship Order							
<b>2.1</b> Medical/Dental Diary							
<b>2.2</b> Medical Records							
<b>2.2A</b> Annual Health Checks Record							
<b>2.2B</b> Annual Health Review Plan (CHAP)							
<b>M 3.2</b> Annual Medical and Dental Consent <i>(If not in medication folder)</i>							
Person Responsible Nomination Form							
<b>2.4</b> Medical & Dental Practitioners							
<b>2.5</b> Information on Health Conditions							
<b>2.6</b> Medical Report Inventory							
<b>2.7.1</b> Weight Record							
<b>2.7.2</b> Weekly Weight Chart							
<b>2.8</b> Health Support Plan							
<b>2.8.1</b> Eating & Drinking Support Plan							
<b>2.8.2</b> Eating & Drinking Diary							
<b>2.8.3</b> Weekly Eating & Drinking Diary							
<b>2.8.4</b> Daily Eating & Drinking Diary							
<b>2.8.2</b> OTHER Health Care Plans							
<b>2.9</b> Epilepsy support Plan							

Review Date:

*Compassion Integrity Justice*

Date Archived:

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<b>2.9.1</b> Seizure Chart								
<b>2.9.2</b> Seizure Record								
<b>2.9.3</b> Seizure Report								
<b>2.10</b> Oral Care Plan								
<b>2.11</b> Toilet record								
<b>2.11.1</b> Bowel Chart								
<b>2.12</b> Sleep Record								
<b>2.13</b> Menstrual Chart								
<b>2.14</b> Record of falls								
<b>2.14.1</b> Mobility Support Plan								
<b>3.1</b> Individual Plan								
<b>3.2</b> Individual Plan Activity Notes								
<b>3.3</b> Individual Skills Program Cover Sheet								
<b>3.4</b> Task Analysis								
<b>3.5</b> IP Participation Log								
<b>3.6</b> Daily Incidental Learning Log								
<b>3.7</b> Group Program Cover Sheet								
<b>3.8</b> Program log								
<b>3.9</b> Quarterly Reports (ASSET only)								
<b>3.10</b> IP Meeting Minutes								
<b>3.11</b> IP Annual Review								
<b>3.12A</b> Key Worker Monthly Checklist								
<b>3.12B</b> Quality of Life Report								
<b>3.12C</b> Service User Documentation								
<b>3.14D</b> IP Quarterly Review								
<b>4.1</b> Other Service Provider Details								
<b>4.2</b> Personal Inventory								
<b>4.3</b> Bank Account Details								
<b>4.4</b> Income, Entitlements and Subsidies								
<b>4.5</b> Correspondence In								
<b>4.6</b> Correspondence Out								
<b>4.7</b> Residential Tenancy Agreement								
<b>M.1.1</b> Signature Page (Medication folder)								
<b>M.3.2</b> Annual Medical and Dental Consent								
<b>M.3.5</b> Medication Support Plan								
<b>M.1.1</b> Regular Blister Pack: Authority Record M.1.1								
<b>M.1.2</b> Regular Blister Pack: Administration								



# 3.12C Documentation Checklist

Name:  
Address:  
D.O.B:

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	Current N/A	Required	Reviewed	Archived	Team meeting	Supervision	Actions required and comments
Record							
M.1.3 Episodic Blister Pack: Administration and Authority Record							
M.1.4 PRN Blister Pack: Administration and Authority Record							
M.1.5 Non-Blister Pack: Administration and Authority Record							
Information about medications							
M.2.1 Medication Arrival Checklist: Blister Pack M.2.1							
M.2.2 Medication Arrival Checklist: Non-Blister							
M.2.5 Monthly Medication Audit							
M.3.3 Request for Variation of Procedure							

Signature Page (Client finances)							
F.1 Income and Expenditure Sheet							
F.2 End of Month Reconciliation Sheet							
F.3 Weekly Budget Planner							
Receipts							


### Comments


Completed on: \_\_\_\_\_

Key Worker: \_\_\_\_\_ Signed: \_\_\_\_\_

SSW/Programmer: \_\_\_\_\_ Signed: \_\_\_\_\_

Review Date:

*Compassion Integrity Justice*

Date Archived: