

Allied Health 'How's it going?' Checklist



This checklist is intended for you to use on your own, with family or your health provider, to identify where more support might be helpful

Maintaining independence and being able to do the things you enjoy is important. However, you may find that usual activities are becoming harder to manage. This doesn't have to be accepted as inevitable. There may be strategies to help you adapt to changes in your health and strength.

Name:

Date:

Who is completing the checklist with you?

- ☐ Completing on my own
- ☐ Relative, friend or carer (name:.....)
- ☐ Other (provide name and role).....

What has prompted you to complete this form?

.....





Are you having difficulty chewing or swallowing?

Yes ☐ No ☐

Does eating and drinking make you cough or your voice gurgly?

Yes ☐ No ☐

Are you finding it easy to talk with family and friends, and follow conversation?

Yes ☐ No ☐

Speech Pathologist

Have you had any dizziness or falls in the last couple of weeks?

Yes ☐ No ☐

Are you getting out of breath or tired when you are moving around the house?

Yes ☐ No ☐

Are you able to move around as much as you would like to?

Yes ☐ No ☐

Physiotherapist

Do you enjoy eating and drinking?

Yes ☐ No ☐

Are your clothes or jewellery feeling loose?

Yes ☐ No ☐

Are you concerned about being able to afford the food and drink you need?

Yes ☐ No ☐

Are you having difficulty shopping and/or cooking meals?

Yes ☐ No ☐

Dietitian

Do you feel that you have enough support from the people around you?

Yes ☐ No ☐

Are you able to fall asleep and stay asleep easily?

Yes ☐ No ☐

Are you able to engage in your life as much as you want to? E.g. hobbies, social life

Yes ☐ No ☐

Occupational
Therapist



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Have you noticed any changes to your eyesight? e.g. blurry, watery eyes, itchy etc..

Yes ☐ No ☐

Do you have any trouble with hearing conversations?

Yes ☐ No ☐

Audiologist /
Optometrist

In terms of your health, do you understand where things stand right now?

Yes ☐ No ☐

Would you like the opportunity to discuss your future health goals and plans for your care?

Yes ☐ No ☐

If yes, who would you like to have involved in that conversation?
.....

GP / Care
Coordinator

Next Steps

If you have identified 'Yes' for any of these questions you may like to share this survey with someone who could help you organise appointments with an allied health team member e.g. My Aged Care coordinator, a family member or GP.

Monitoring

Even if you have said 'No' to most of these questions, you may like to keep an eye on whether any of this changes, and use the survey again every 2-3 months to check in with how you are feeling.



Still not sure how an allied health team could support you?

Why not visit the ELDAC Allied Health Toolkit
eldac.com.au/Toolkits/Allied-Health
for more information on their roles and how to find someone nearby to join your health care team.



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