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CARE READINESS CHECK FORM

Complete this checklist (all relevant boxes that you agree with in each section) and return via e-mail to us for a more personalized assessment of your needs. We will contact you as soon as possible with the result / book a personal consultation with our nurse.

SECTION 1: Safety

- My loved one walks safely without assistance.
- There have been no falls in the past 3 months.
- The home is adapted for safety
- Night-time wandering is not a concern.

SECTION 2: Hydration & Nutrition

- They drink fluids independently
- They eat regular meals
- There are no swallowing difficulties
- Weight has remained stable

SECTION 3: Toileting & Hygiene

- They use the toilet independently
- There are no signs of incontinence
- Skin remains intact and healthy

SECTION 4: Cognition & Behaviour

- Memory loss does not affect safety
- There are no episodes of aggression
- Evening confusion is manageable

SECTION 5: Caregiver Wellbeing

- I feel rested most days
- I have support from family
- I feel confident in what I'm doing
- I know when to call for help

Scoring:

Mostly – You are managing well. Continue with structured monthly support.

Some – Focus on structured guidance – consider Month 1 – 3 bundle.

Almost none – You may need additional professional guidance or specialized support.