



Exceptional Case Application Attachment 1 – Dementia

Completing this form

This form is to be used as an attachment to an Exceptional Case Application where dementia care is being provided. This form must be completed by a Registered Nurse (RN).

Where possible please complete and return this application form electronically.

If you are completing this form manually, please use BLACK pen to complete all information on this form.

The Department of Veterans' Affairs (DVA) cannot assess an incomplete or illegible form.

Contacting the Community Nursing team

If you require assistance completing this form, please email DVA at exceptional.cases@dva.gov.au

1. Provider details

Provider name

Provider number

2. Client information

DVA file number

Surname

Given name(s)

Date of birth

3. Type of dementia

Please tick the type of dementia the client has been diagnosed with

☐ Alzheimer's disease

☐ Vascular dementia

☐ Frontotemporal dementia

☐ Lewy body disease

☐ Parkinson's dementia (diagnosed with Parkinson's disease)

☐ Alcohol related dementia

☐ Other – please specify

4. Tools used to assess cognitive status

Have you completed a Mini-Mental State Examination (MMSE) for the client?

No ☐

Yes ☐ ► What was the score?

What are the areas of deficit identified and how will these impact on how you provide care for the client?

5. Tools used to assess functional status

Were any tools used to assess functional status (e.g. Activities of Daily Living (ADL))?

No ☐ ► **Go to question 7**

Yes ☐ ► Please provide details of tool(s) used and outcome of assessment

Who completed the assessment?

☐ Occupational Therapist

☐ Speech Pathologist

☐ Physiotherapist

☐ RN / Enrolled Nurse

6. Client behaviours that may affect delivery of care

Please tick the appropriate behaviour(s) that may impact on the client's care

☐ Restlessness

☐ Sleep disturbances

☐ Agitation - particularly during personal care

☐ Social inhibition

☐ Confabulation

☐ Pain management

☐ Pacing

☐ Constipation

☐ Repetitive vocalisation

☐ Delirium

☐ Verbal or physical aggression

☐ Common infections

☐ Hallucinations

☐ Mental health
e.g. depression or anxiety

7. Risks

Are there any identified issues or risk?

No ☐

Yes ☐ ► Please specify risks

Have risks been assessed?

No ☐

Yes ☐ ► Please specify

8. Referral / Support

Please list the referrals or requests for support and information made on behalf of the client or carer (e.g. specialised dementia support)

9. Additional comments

10. Declaration

Declaration must be signed by the RN completing this form.

Full name	<input type="text"/>
Title	<input type="text"/>
Signature <i>(electronic signature accepted)</i>	<div><input type="text"/></div>
Date	<input type="text"/>