

Age UK Hounslow provides a day service tailored for elderly individuals residing in the London Borough of Hounslow. This initiative is partially funded by the local council and is available to residents within the borough. For those living within a one-and-a-half-mile radius of the Centre, a door-to-door minibus service with an escort is offered. The program includes various activities and a hot two-course lunch from Monday to Wednesday, allowing participants to choose to attend one to three days per week, depending on availability. The service operates from 10:00 AM to 4:00 PM.

It is important to note that the facility does not offer nursing or personal care services. Should a current participant experience incontinence or require nursing care that exceeds the capabilities of the support staff, they will no longer be able to utilize the Day Service. The eligibility criteria for this service are established by the Board of Trustees of Age UK Hounslow in accordance with council regulations.

An assessment form is utilized to evaluate whether the individual’s needs can be adequately addressed by the support workers and the resources available at the Centre. This form is also applicable for assessing individuals prior to their re-admission after an extended absence or hospitalization.

The daily service fee is set at £40.00 per individual. This fee includes transportation within a 1.5-mile radius, morning tea and toast, a two-course hot lunch, afternoon tea, various activities, exercise classes, and an assortment of snacks and beverages.

Should payment remain overdue for more than 40 days, the reserved spot will be made available to our waiting list. Additionally, if a member does not attend the Club for a duration of one month, their place may also be reassigned, unless there are exceptional circumstances that have been mutually agreed upon.

Attendance at the service requires that all participants register as members of Age UK Hounslow, which incurs an annual fee of £15.00.

It is important to note that there may be additional charges for specific events and external outings.

Please ensure that all of the following appropriate points are addressed during the assessment. This is a **6** page document. **Please return this form to Bryony.swadling@ageukhounslow.org.uk** (Services Manager)

INFORMATION ABOUT THE PERSON BEING ASSESSED				
PLEASE PRINT IN BLOCK CAPITALS				
TITLE (PLEASE CIRCLE)	Mr / Mrs / Miss / Ms / Other (please specify):_____			
FIRST NAME(S)				
SURNAME				
ADDRESS	Postcode:			
DATE OF BIRTH		GENDER	Male <input type="checkbox"/>	Female <input type="checkbox"/>
TELEPHONE NUMBER	Home:			
	Mobile:			
EMAIL ADDRESS				

If you are filling in the form on behalf of someone else, please provide the below information		
Name:	Phone number:	Relation:

MEDICAL INFORMATION – This must be completed in Full	
CURRENT GP	
GP ADDRESS	Postcode:
GP TELEPHONE NUMBER	
DATE LAST SEEN BY GP	
REASON FOR LAST VISIT	
ATTENDANCE AT CLINICS / ONGOING MEDICAL INVESTIGATIONS / ANY PLANNED APPOINTMENTS	
MEDICAL HISTORY	(including diet and allergies)
DO YOU SELF MEDICATE?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
	(if yes, a medication assessment needs to be completed, see below)
PRESENT MEDICATION	
WEIGHT AND BMI (IF KNOWN)	
CURRENT HOME SITUATION	(e.g. lives alone, lives with others, rented accommodation)

Is there an active DNAR (DNACPR) or Respect form in place?		
Yes <input type="checkbox"/>	Date issued:	No <input type="checkbox"/>

Diagnosis of Dementia			
Yes <input type="checkbox"/>	Type of Dementia:	No <input type="checkbox"/>	Undiagnosed diagnosis <input type="checkbox"/> Please list traits displayed:

EMERGENCY CONTACT DETAILS	
NAME	
ADDRESS	Postcode:
TELEPHONE NUMBER	Home:
	Work:
	Mobile:
EMAIL ADDRESS	
RELATIONSHIP TO PERSON BEING ASSESSED	

Mobility Details			
History of Falls	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Wheelchair	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Walking Stick	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Zimmer Frame	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Independent	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Mobilising and transferring			
Independent	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
With one person	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
With two people	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

SENSORY NEEDS			
Memory	Good <input type="checkbox"/>	Poor <input type="checkbox"/>	
Hearing	Good <input type="checkbox"/>	Poor <input type="checkbox"/>	
Orientation	Good <input type="checkbox"/>	Poor <input type="checkbox"/>	
Speech	Good <input type="checkbox"/>	Poor <input type="checkbox"/>	
Sight	Good <input type="checkbox"/>	Poor <input type="checkbox"/>	
Eye Conditions			
Macular Degeneration	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Glaucoma	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Cataract	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Diabetic Retinopathy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Other Please state:			

Are there any specific risk assessments required? (Please list)

Reason for wanting to join our day provision service:

Dietary needs or modified diet			
Food Allergies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
On an IDDIS diet	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Level:
On Thickened Fluid	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Level:
Religious Food or Drink criteria			

Preferred Days to attend our Vintage Day provision service			
Number of days	1 Day <input type="checkbox"/>	2 Days <input type="checkbox"/>	3 Days <input type="checkbox"/>
Day of the week/s	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>

Monitoring Information (Please tick options)

As a regulated service, Age UK Hounslow is required to collect monitoring information regarding the people who use our service. Service users are not obliged to provide this information, but it will help us to ensure our service is appropriate to the needs of our users.

Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Transgender <input type="checkbox"/>	Do not wish to say <input type="checkbox"/>	
Sexual Orientation	Heterosexual / Straight <input type="checkbox"/>	Bisexual <input type="checkbox"/>	Homosexual <input type="checkbox"/>	Lesbian <input type="checkbox"/>	Do not wish to say <input type="checkbox"/>

Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>	Living with partner <input type="checkbox"/>	Civil partnership <input type="checkbox"/>
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Ethnicity	White	British <input type="checkbox"/>	Irish <input type="checkbox"/>	Other <input type="checkbox"/>		
	Mixed	White & Black Caribbean <input type="checkbox"/>	White & Black African <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Other <input type="checkbox"/>	
	Asian / Asian British	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other <input type="checkbox"/>	
	Black / Black British	Caribbean <input type="checkbox"/>		African <input type="checkbox"/>		Other <input type="checkbox"/>
	Chinese <input type="checkbox"/>	Other (please specify)			Prefer not to say <input type="checkbox"/>	

Religion	Christian <input type="checkbox"/>	Muslim <input type="checkbox"/>	Sikh <input type="checkbox"/>	Jewish <input type="checkbox"/>	Hindu <input type="checkbox"/>
	Buddhist <input type="checkbox"/>	Other (please specify)		None <input type="checkbox"/>	Do not wish to say <input type="checkbox"/>

Please tick if you do not give Photograph consent

<input type="checkbox"/>	From time-to-time Age Uk Hounslow will take photographs service users engaging in activities for evidence of work and promotional purposes.
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Please tick if you do not give consent for me to be contacted by Age UK Hounslow via phone or email.

<input type="checkbox"/>	From time-to-time Age Uk Hounslow would like to contact you with our upcoming events, centre newsletters, or day centre updates. <i>Please note you can always opt out at a later date.</i>
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I have completed this form to the best of my knowledge, failing to provide correct information or misleading information can cause delay or refusals to use our day provision services.

I _____ have completed this form truthfully and to the best of my knowledge.

Date:

Sign:

To be completed by office staff after Assessment completed.

Suitability	
DETAILS OF REASON FOR DAY CARE REQUEST	
NAME OF ASSESSOR	
DATE OF ASSESSMENT	
WHERE HAS THE ASSESSMENT TAKEN PLACE?	(e.g. Home Address, Day Centre)
PERSONS PRESENT	(e.g. Service User, Nurse, Relative)
NOTES FROM TRIAL DAY	

Is the person suitable for admission or readmission to the Centre?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the service user agree with the above assessment and admission to the Centre?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Who has been informed of this decision?		

Has a letter been sent confirming our ability to meet / not meet their care needs been sent to the person assessed?		
Yes <input type="checkbox"/>	Date sent:	No <input type="checkbox"/>