**Age UK Hounslow** offers a day service for elderly residents living in the London Borough of Hounslow. This is a service part funded by the London Borough of Hounslow council for residents living in Hounslow. If a resident lives within a one mile radius of the Centre, a door to door mini bus service with an escort is also available. Activities and a hot 2 course lunch are provided Monday to Wednesday each week. People can attend 1 day or up to 3 of their choice, subject to availability, with the day service offered between 10:00am and 3:00pm.

There are no facilities for Nursing Care. If at any point an existing member develops to a stage of incontinence or requires nursing care or care beyond the ability of our staff, the Day Service will no longer be able to meet their needs. The criteria for the day service is set by the Board of Trustees of Age UK Hounslow, following council guidelines.

This form is used to carry out an assessment to ensure the individual’s needs can be met by the staff and the facilities available at the Centre. The form may also be used when carrying out an assessment prior to re-admitting a resident after a long absence or a stay at hospital.

**The cost for the day service is £20.00 per person per day. This will include transport (if within the 1 mile radius) morning tea and toast, a 2-course hot-cooked lunch, afternoon tea, activities and consumable items. If payment is outstanding for more than a 40 day period, the place will be offered to another resident. If there is no attendance to the Club for a one month period, the place will be offered to another resident (except in exceptional agreed circumstances)**

**It is a requirement of attendance that all service users become members of Age UK Hounslow. Membership is at a cost of £10 per annum.**

**Additional costs could be for specific events and external day trips.**

**There are no other costs incurred.**

Please ensure that all of the following appropriate points are addressed during the assessment. This is a **5** page assessment document. Please return this form to **beverley.fyfe@ageukhounslow.org.uk**

|  |
| --- |
| **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🞏 | Female🞏 |
| TELEPHONENUMBER | Home: |
| Mobile: |
| EMAIL ADDRESS |  |

|  |  |
| --- | --- |
| 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) |

|  |
| --- |
| **MEDICAL INFORMATION** |
| CURRENT GP |  |
| ADDRESS | Postcode: |
| 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 🞏 | No 🞏 |
| (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) |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **Details** |
| History of Falls | Yes 🞏 | No 🞏 |  |
| Independent | Yes 🞏 | No 🞏 |  |
| Walking Stick | Yes 🞏 | No 🞏 |  |
| Zimmer Frame | Yes 🞏 | No 🞏 |  |
| Wheelchair | Yes 🞏 | No 🞏 |  |

|  |
| --- |
| **TRANSFERS** |
| Independent | Yes 🞏 | No 🞏 |  |
| With one person | Yes 🞏 | No 🞏 |  |
| With two people | Yes 🞏 | No 🞏 |  |

|  |
| --- |
| **MOBILITY AIDS REQUIRED** |
|  |

|  |
| --- |
| **SENSORY PROBLEMS** |
| Memory | Good 🞏 | Poor 🞏 |  |
| Hearing | Good 🞏 | Poor 🞏 |  |
| Orientation | Good 🞏 | Poor 🞏 |  |
| Speech | Good 🞏 | Poor 🞏 |  |
| Sight | Good 🞏 | Poor 🞏 |  |
| **Eye Conditions** | Yes 🞏 | No 🞏 |  |
| Macular Degeneration | Yes 🞏 | No 🞏 |  |
| Glaucoma | Yes 🞏 | No 🞏 |  |
| Cataract | Yes 🞏 | No 🞏 |  |
| Diabetic Retinopathy | Yes 🞏 | No 🞏 |  |

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

|  |  |  |
| --- | --- | --- |
| **Is the person suitable for admission or readmission to the Centre?** | Yes 🞏 | No 🞏 |
| **Does the service user agree with the above assessment and admission to the Centre?** | Yes 🞏 | No 🞏 |
| **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 🞏 | Date sent: | No 🞏 |

|  |
| --- |
| **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🞏 | Female🞏 | Transgender🞏 | Do not wish to say🞏 |
| **Sexual Orientation** | Heterosexual / Straight🞏 | Bisexual🞏 | Homosexual🞏 | Lesbian🞏 | Do not wish to say🞏 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Marital Status** | Single🞏 | Married🞏 | Divorced🞏 | Widowed🞏 | Living with partner🞏 | Civil partnership🞏 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ethnicity** | **White** | British🞏 | Irish🞏 | Other🞏 |
| **Mixed** | White & Black Caribbean🞏 | White & Black African🞏 | White & Asian🞏 | Other🞏 |
| **Asian / Asian British** | Indian🞏 | Pakistani🞏 | Bangladeshi🞏 | Other🞏 |
| **Black / Black British** | Caribbean🞏 | African🞏 | Other🞏 |
| Chinese🞏 | Other (please specify) ………………………………….. | Prefer not to say🞏 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Religion** | Christian🞏 | Muslim🞏 | Sikh🞏 | Jewish🞏 | Hindu🞏 |
| Buddhist🞏 | Other (please specify) …………………………. | None🞏 | Do not to wish to say🞏 |