

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 and a half 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 Thursday each week. People can attend 1 day or up to 4 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.

Current cost for the day service is £16.00 per person per day to include transport (if within the 1.5 mile radius) morning tea and toast, hot cooked lunch, afternoon tea, activities and consumable items.

It is a requirement of attendance that all service users become members of Age UK Hounslow. Membership is at a cost of £7.50 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 <input type="checkbox"/>
			Female <input type="checkbox"/>
TELEPHONE NUMBER	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 <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)	

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

Details

History of Falls	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Independent	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"/>	
Wheelchair	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

TRANSFERS

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"/>	

MOBILITY AIDS REQUIRED

SENSORY PROBLEMS

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	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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"/>	

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

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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?
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Yes <input type="checkbox"/>	Date sent:	No <input type="checkbox"/>
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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 to wish to say <input type="checkbox"/>