**Logo, company name

Description automatically generated**

Allocated to:

Start date/time:

Direct debit/Invoice

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date Referral Taken:** |  | **Taken By:** |  | **Date/Time of Home Visit** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name(s)** |  | | **DOB:** | |  | **Age:** |  |
| **Gender:** | **Female / Male** | | | | | | |
| **Woman Man Transgender Non-binary/ Non-conforming Prefer not to say** | | | | | | | |
| **Ethnicity:** |  | | | | | | |
| **What ethnicity are you?** | |  | | | | | |
| **Address:** | **Postcode:** | | | | | | |
| **Phone number(s)** | **Landline:** | | | **Mobile:** | | | |
| **Email Address:** |  | | | | | | |
| **Where did you hear about the service** |  | | | | | | |
| **Does anyone else live at the property?** |  | | | | | | |
| **Which Local Authority are you registered with?** |  | | | | | | |

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| --- | --- |
| **Type of Property:** |  |
| **Parking Details:** |  |
| **Access to Property:**  ***(how is the worker to access the property)*** |  |
| **Key safe Number & Location:** |  |
| **Lifeline & Provider:** |  |
| **Pets:** |  |
| **Smoker or Non-smoker:** |  |

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| --- | --- | --- | --- |
| **Referrer Name:** |  | | |
| **Relationship to Client:** |  | | |
| **Address:** |  | | |
| **Contact Details:** | **Phone:** | | **Email:** |
| **Do you have consent from the individual to speak with us?** | | **Yes / No** | |

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| --- | --- | --- | --- |
| **Services Required:**  **(Tick where appropriate)** | **General Support:** | **Housework:** | **Lifestyle:** |
| **Shopping:** | **Medication**  **Prompting:** | **Spring/Deep Clean:** |
| **Meal Preparation:** | **Escorting to Appointments:** | **Laundry/Ironing:** |
| **Other:** | | |
| **Physical health diagnosis or any disabilities.**  **Any mobility aids used?** |  | | |
| **Mental Health Diagnosis:**  **Please list any addictions i.e. drugs, alcohol etc.**  **Any professionals involved? (name/profession if possible)** |  | | |
| **Security Concerns:**  **Does the referrer have any information on security issues in relation to the individual, the house or the area?** |  | | |
| **Safeguarding Concerns:**  **Does the referrer have any information about previous and/or current safeguarding history (violence/aggression/abuse/vulnerability/safety of staff etc?)**  **Is more than one person needed to visit?** |  | | |
| **DNAR/ Respect in place?**  **Where is it kept?** | Yes/No | | |
| **LPA (lasting Power of Attorney) Please ask the following questions.**  **Is there a LPA in place? Yes/No (please circle)**  **If yes:**   * **Health and care – Yes/No** * **Financial Decisions – Yes/No** * **Both – Yes/No** * **Who is the nominated person?** * **Can we obtain the nominated person details as NOK?**   **Consent to liaise with NOK /LPA as and when necessary? Yes/No**  **Referrer:**  **If there is an LPA in place…**   * **Have you seen the LPA document? Yes/No** * **Is the nominated person one of the people nominated as NOK for the client?** | **Please ask for a copy to be available at the home visit if possible.**  **Notes:** | | |

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| **Other key people / organisations involved** | | |
| **GP Practice** |  | **Contact number:** |
| **Care Agency** |  | **Contact number:** |
| **Others** |  | **Contact number:** |

|  |
| --- |
| **Emergency Contacts** |
| **Name** | **Relationship** | **Address** | **Contact details** |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Are you happy for us to discuss your service with the above emergency contacts? Yes / No** | | | | |

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| **Referrals to other services** |
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| **Additional Information:** |
| **Allocation Suggestions:** |

**Date …………………………………………………………………………..**

**Referrers Name:** …………………………………………………………. **Referrers Sign:** ……………………………………………………………………..