

Name:	DOB:
Address:	Male <input type="checkbox"/>
Postcode:	Female <input type="checkbox"/>
NHS number (if known):	Unspecified <input type="checkbox"/>
Telephone:	Ethnicity:

Age 55+ Disabled Carer



HEALTH

- Weight loss/gain
- Healthy eating
- Local lunch clubs
- Exercise classes
- Walking
- Falls, strength and balance
- Quit smoking/drinking
- Substance misuse
- Memory loss
- Worried about health
- (Please state)



HOUSING

- Home adaptations
- Repairs
- Odd jobs
- Local cleaners
- Food & shopping services
- Other
- (.....)



SOCIAL CONNECTIONS

- Accessing community
- Meeting new people
- Local groups/activities
- Befriending
- Learning
- Other
- (.....)



SAFETY

- Fire safety check
- Smoke alarms
- Victim or crime scams
- Pendant alarm
- Adaptations/aids
- Other
- (.....)



MONEY

- Benefits check
- Trouble paying bills
- Budgeting
- Other
- (.....)



SUPPORT

- Caring for someone
- Care needs assessment
- SAIL Plus conversation
- Living and dying well
- Other
- (.....)

Additional information:

Visited by:	From:
Date:	Telephone/Email:

IMPORTANT: This must be read to the client "In signing this form you are consenting to this information being shared with partner organisations in accordance with the Data Protection Act 1998"
 Please tick here if completing by phone to demonstrate you have discussed this with the client

Signed (client/representative):