

Name:		DOB:	
Address:		Male <input type="checkbox"/>	Female <input type="checkbox"/>
		Postcode:	
GP Surgery:			
Rented (Council) <input type="checkbox"/>		Rented (Private) <input type="checkbox"/>	HA <input type="checkbox"/> Owned <input type="checkbox"/>
Telephone:		Ethnicity:	



Tel 020 7358 4077 | Fax 020 7378 9217  
 Email [sail@ageuklands.org.uk](mailto:sail@ageuklands.org.uk) or [sail@nhs.net](mailto:sail@nhs.net)  
 Stones End Centre | 11 Scovell Road | London | SE1 1QQ

Southwark resident:  Age 50+  Please return checklist to:  
[sail@ageuklands.org.uk](mailto:sail@ageuklands.org.uk) or [sail@nhs.net](mailto:sail@nhs.net)



### SECURITY AND FIRE SAFETY

Would you like advice from your Safer Neighbourhood Team regarding home security, a recent incident of crime or anti-social behaviour in your area? <b>Police</b>	Yes/No
Do you have an odd job at home that you would like some help with? Would you like a Home Fire Safety check or do you need working smoke alarms? <b>Age UK Lewisham and Southwark Handyperson Team (AUKLS)</b>	Yes/No
Would you need help to leave your home in the event of a fire/emergency? <b>Fire Safety Team</b>	Yes/No
Have you ever bought services from someone who knocked at the door, or sent money to anyone who contacted you by phone or mail saying you had won money or a gift unexpectedly? <b>Southwark Council – Trading Standards</b>	Yes/No

### HEALTH AND WELLBEING

Would you like to talk to someone about smoking, alcohol or substance misuse? <b>Stop Smoking Service or Lifeline Southwark</b>	Yes/No
Have you had a fall or a near miss in the last year that has <b>NOT</b> been investigated or treated? <b>Strength and Balance Line</b>	Yes/No
Would you like support for a visual impairment? <b>BlindAid</b>	Yes/No
Do you need a pendant alarm? <b>Southwark Council</b>	Yes/No
Do you need Telecare equipment e.g. a monitored smoke alarm or reminders to do something? <b>Southwark Council</b>	Yes/No
Have you lost weight recently without meaning to or are you eating less than usual and have <b>NOT</b> been referred to a dietician? <b>SAIL Care Navigator</b>	Yes/No
Would you like to talk to someone about help around the home, accessing health, care or support services, social activities, exercise classes or befriending? <b>SAIL Care Navigator</b>	Yes/No
Would you like support with managing stress, anxiety or low mood? <b>Talking Therapies Southwark</b>	Yes/No
Are you worried about memory loss, or do you care for someone with dementia and would like to speak to someone about support available? <b>Alzheimer's Society Southwark</b>	Yes/No
Do you on an unpaid basis spend time caring for someone due to their frailty, physical or mental illness, disability or addiction? Would you like to talk to someone about support available to you? <b>Southwark Carers</b>	Yes/No
Would you like to give feedback about your experience of using healthcare services? <b>Healthwatch Southwark</b>	Yes/No

### LIVING CONDITIONS

Is your home cold? Would you like advice about keeping warm, saving energy and the grants available to help with heating and insulation? <b>Citizens Advice Southwark</b>	Yes/No
Are you worried about the condition/repair/maintenance of your home? <b>Information &amp; Advice</b>	Yes/No
Do you have any difficulties using the bath/toilet/kitchen facilities? Do you have difficulties getting in and out of your home, or using stairs? If yes, please specify your area of difficulty: <b>Southwark Council Occupational Therapy</b>	Yes/No

### INCOME AND FINANCE

Are you having trouble paying your bills or would you like someone to help check that you are receiving all the income that you are entitled to? <b>Information and Advice</b>	Yes/No
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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):