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| **Completed By:** |  | **Date:** |  |
| **Referred by:****(please tick)** | **Self** | **Family** | **Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Lone Working: **Before** any **home visit** is arranged, a **home visit risk assessment** must be completed and the client history checked on Charity Log (if applicable). If the referral has come from another organisation you must enquire if there are any lone working risks that need to be taken into consideration. |
| **Is a home visit required? (please tick)** | **Yes** | **No** |
| **Has a home visit risk assessment been completed? (please tick)** | **Yes** | **No** |
| **Has a risk been identified? (please tick)** | **Yes**  | **No** |
| *If a risk is identified a home visit must be authorised by the Line Manager with any precautions for the visit implemented.* |

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| **PERSONAL INFORMATION** |
| **Surname:** |  | **Forename:** |  |
| **Initial:** |  | **Title:** |  |
| **Address:** |  |
| **Town:** |  | **Postcode:** |  |
| **Main Telephone Number:** |  | **Mobile Number:** |  |
| **Email Address:** |  | **Initial contact type:** |  |
| **Gender:** |  | **DOB:** |  | **Age:** |  |
| **NI Number:****(I&A Service Only)** |  | **Marital****Status:** |  |  |
| **Ethnic Group:** |  | **Religion/Belief:** |  |
| **Employment Status:** |  |
| **Who Lives With You?** | **Number in Household and who:** |  |
| **Accommodation Type (I&A Service Only):(please tick)** | **Council** | **Housing Association** | **Owner-occupier** | **Private rented** | **Social housing** | **Other**  |
| **Carer for:****(please tick)** | **Relative** | **Wife** | **Partner** | **Children** | **Neighbour** | **Other** |

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| **HEALTH & WELL BEING** |
| **GP Practice:** |  |
| **GP Name:** |  |
| **Registered disabled:** | **Yes** | **No** | **Further Information:** |  |
| **Health Profile:** | **Any issues such as sensory loss, diabetes, epilepsy, falls history, hospital admissions in the last 3 months, carries an SOS/medic alert card, regular GP/health professional visits, identification of mental health issues.** |
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| **Details of regular medications (if applicable):** |  |

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| **NEXT OF KIN / EMERGENCY CONTACT DETAILS** |
| **Name:** |  |
| **Telephone / Mobile:** |  |
| **Address:** |  |
| **Relationship:** |  |

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| **REASON FOR REFERRAL / CONTACTING AGE UK TAMESIDE** |
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| **AWARENESS OF AGE UK TAMESIDE SERVICES** |
| **How did you find out about Age UK Tameside’s services (please tick)?** **🞏 Leaflet 🞏 Poster** **🞏 Age UK Tameside newsletter 🞏 Age UK Tameside website**  **🞏 Other website/search engine (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **🞏 Social media (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **🞏 Recommendation/word of mouth (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **🞏 Tameside Reporter feature 🞏 Tameside Radio feature** **🞏 Local event/information stall 🞏 GP surgery/health professional** |

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| **ADDITIONAL QUESTIONS FOR CSS SERVICE ONLY:** |
| **Please circle:****Have you been diagnosed with osteoporosis? YES / NO****Do you have a history of falling? YES / NO****Have you been diagnosed with dementia or are you awaiting a diagnosis of dementia? YES NO****Are you a carer/family member of someone who has been diagnosed with dementia or is awaiting a diagnosis? YES / NO** |
| **BUS PASS INFORMATION FOR PEOPLE REQUIRING RING AND RIDE ONLY:** |
| **Bus Pass Number:****Expiry Date:****Type (Please Circle): Standard Concessionary Concession Plus Disability Pass** |
| **ADDITIONAL INFORMATION:** |
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