**Borough of Referral:**

**Referrer’s Detail**

**Referred by: Date Referred**

**Telephone Email:**

**Organisation:**

**& Address**

**Relationship to Service User:**

**Service User’s Details**

**Name DOB**

**Address**

**Post Code**

**Telephone (Land) Mobile**

**Email:**

|  |
| --- |
| **Current illness, difficulties and needs**  Please provide as much information as possible. (Diagnosis, symptoms, medication, etc) Legal status if any. Brief Social History, support in place, ADL skills, and CPA Level) |

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| --- |
| **Physical Health Issues** |

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| --- |
| **Risk to self:** |

|  |
| --- |
| **Risk to others (.e of aggression to staff, neighbours, children, other tenants):** |

|  |
| --- |
| **Risk from others (Any Safeguarding issues)** |

|  |
| --- |
| **Risk of Arson or Property damage: Has there ever been evidence of arson? If yes please provide details**: |

|  |
| --- |
| **Criminal Convictions** |

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| --- |
| **Incidents in the last 6 months** |

|  |
| --- |
| **Additional Information (include here any drug or alcohol dependency or abuse)** |

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| --- |
| **Next of Kin:**  Name:  Relationship to Patient:  Address:  Telephone number:  Email |

|  |
| --- |
| **GP Name:**  Address:  Telephone number:  Email |

|  |
| --- |
| **Care Manager/Coordinator:**  Address:  Telephone number:  Email |

|  |
| --- |
| **Social Worker:**  Address:  Telephone number:  Email: |

|  |
| --- |
| Any other agencies involvement (please list) / state the significant of their involvement |

|  |
| --- |
| Client’s motivation and views on receiving Home Care by Selekt Care Ltd |

Please return completed application form together with medical information if available e.g. CPA Report, ADL Report, etc.

Selekt Care Office

Date of Assessment Booked: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Officer’s Note:

**Send completed form to:** Email: [info@selektcare.co.uk](mailto:info@selektcare.co.uk)