

**ENQUIRY FORM**



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| **Received by:** | | | | | | | **Date received:** | | | | | | |
| **REFERRER** | | | | | | | | | | | | | |
| **Referrer name:** | |  | | | | | | | | | | | |
| **Organisation:** | | | | **Role:** | | | | | | | | | |
| **Address:** | | | | | | | | | | | | | |
| **Phone:** | | | | **Email:** | | | | | | | | | |
| **Relationship to person:** | | | | | | | | | | | | | |
| **How did you near about us:** | | | | | | | | | | | | | |
| **Has client given permission for contact? Yes/No** | | | | | | | | | | **Method:** | | | |
| **If no, who should we contact?** | | | | | | | | | | | | | |
| **Has the client given consent for Ageing Well to hold their details? Yes / No** | | | | | | | | | | | | | |
| **Do they require an assessment? Yes / No** | | | | | | | | **Does someone need to be there? Yes / No** | | | | | |
| **Are there any known, immediate or potential risks to visiting this person? Yes/No**  **If yes, please detail** (eg: aggressive dog, uneven access, trip hazards etc): | | | | | | | | | | | | | |
| **CLIENT DETAILS (if different from above)** | | | | | | | | | | | | | |
| Title (Mr/Mrs/Ms/Miss/Dr/Rev/Other): | | | | | | | | | | | | | |
| Surname: | | | | | | | | | | | | | |
| First Name/s: | | | | | | | | | | Preferred Name: | | | |
| Address (line 1): | | | | | | | | | | | | | |
| Address (line 2): | | | | | | | | | | | | | |
| Town: | | | | | | | | | | Postcode | | | |
| Main Telephone Number: | | | | | | | | | | | | | |
| Other Telephone Number: | | | | | | | | | | | | | |
| Gender: Male / Female | | | | | | | | | | Date of Birth | | | |
| Email Address: | | | | | | | | | | | | | |
| **EMERGENCY CONTACT DETAILS** | | | | | | | | | | | | | |
| Name: | | | | Relationship: | | | | | | | | | |
| Main contact number: | | | | | | | | | | | | | |
| Other phone number: | | | | | | | | | | | | | |
| GP: Name of GP (if known): | | | | | | | | | | | | | |
| Surgery: Telephone Number: | | | | | | | | | | | | | |
| **HOME AND PERSONAL CIRCUMSTANCES /** | | | | | | | | | | | | | |
| (e.g. lonely, fallen, bereaved, no family visiting on a regular basis, depressed/anxious, hoarding) | | | | | | | | | | | | | |
| **REASONS FOR REFERAL / DESIRED OUTCOMES**: | | | | | | | | | | | | | |
| (eg: regain confidence, build strength/balance, clean environment, reduce isolation, inclusion etc) | | | | | | | | | | | | | |
| **HEALTH** | | | | | | | | | | | | | |
| Alzheimer’s/Dementia |  | Depression/Anx | | | |  | | | Memory loss | |  | Respiratory |  |
| Arthritis |  | Drug/alcohol | | | |  | | | ME/MS | |  | Sensory – hearing |  |
| Cancer |  | Epilepsy | | | |  | | | Mobility | |  | Sensory – sight |  |
| Cardiac |  | Learning Dis | | | |  | | | Neurological | |  | Stroke |  |
| Diabetic |  | Mental Health | | | |  | | | Parkinsons | |  | Other |  |
| **Known allergies:** | | | | | | | | | | | | | |
| **Current support** (eg: family, carer): | | | | | | | | | | | | | |
| **Interests / personality / past:** (eg: hobbies, holidays, chatty/quiet) | | | | | | | | | | | | | |
| **SERVICES** | | | | | | | | | | | | | |
| **Active and Connected**  (Exercise and community connecting) | | |  | | **Help at Home**  (A charged for service providing cleaning, laundry, shopping etc.) | | | | | | | |  |
| **Guidance/ Form Filling / F.I**  (Support with simple paperwork tasks – sorting post, form filling, IT help) | | |  | | **Other:** | | | | | | | |  |
| **Sitting Service** (A charged for service) | | |  | |  | | | | | | | |  |
| **Preferred day of week:** | | | | | **Preferred time: AM / PM** | | | | | | | | |
| **ACTIVITIES** | | | | | | | | | | | | | |
| Seated exercise | | |  | | Balance / Tai Chi | | | | | | | |  |
| Social inclusion | | |  | | Singing for health | | | | | | | |  |
| Walking | | |  | | Memory | | | | | | | |  |
| Arts/crafts | | |  | |  | | | | | | | |  |
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| We refer all our members to the Fire Service to receive a Free Home Fire Safety Visit.  Would the client like to be referred to D&SFS? | **Y** | **N** |

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| **Signed:** | **Date:** |

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| **Project Coordinator Action:** | |
| **Date:** | **Action:** |
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| Added to Charity Log | Inits: | Date: |

AB/BP/JN/DS 07/05/2019