

CITYWIDE CONTACT ASSESSMENT FORM

Please complete all fields as fully as possible

PART 1

PERSONAL DETAILS

Title:	Surname:	Forename:	
Known as:	DOB:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Permanent address:	NHS number:		
	SCI number		
Postcode:	Religion:	Ethnicity:	
Telephone no:	If ex-directory can number be shared? Y/N		
Email address:			
Current/previous occupation:			
Name/address/tel. No. of main carer (for emergencies):			
Does the person being referred have any caring responsibilities? Yes <input type="checkbox"/> No <input type="checkbox"/>			
IF IN HOSPITAL PLEASE COMPLETE – Ward:		Date of admission:	

PART 2

COMMUNICATION

First language:			
Is an interpreter required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is an advocate required? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are there any other communication difficulties? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes please specify:			
SAFETY/ACCESS ISSUES: Are there any safety issues? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes please give details			
Current address (if different from above):			

PART 3

HOUSEHOLD MEMBERS AND SIGNIFICANT OTHERS

Name	Sex	DOB	Relationship	Address & tel no (if different)	Tick if also referred

PART 4

KEY AGENCIES INVOLVED

	Name & address	Tel/Fax/Email
GP		
Dentist		
Pharmacist		
Other		
Other		

What are the preferred solutions/expectations?

What are the views of the carers / family members?

PART 8 SERVICES CURRENTLY IN PLACE

Social care

Health

Voluntary / Private Sector

PART 9 REFERRALS MADE TO OTHER AGENCIES

Professional / Agency

Address / Contact details

Date referral made

PART 10 DETAILS OF THE PERSON MAKING REFERRAL

Name:

Address:

Postcode:

Telephone no:

Relationship to person being referred:

Locality:

Date:

Is the person being referred aware of this referral?

Yes No

Is their family aware of the referral?

Yes No

Has the person given their consent to information about them being

Shared with other professionals?

Yes No