|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | **Fire and Wellness Visit**  **External / Partner Referral Form** | | | | | | |
| **External Agency / Partner Details** | | | | | | | | | | |
| Referring agency | Click or tap here to enter text. | | | | | | | | | |
| Reporting person | Click or tap here to enter text. | | | | | | | | | |
| Role / department | Click or tap here to enter text. | | | | | | | | | |
| Contact number | Click or tap here to enter text. | | | | | | | | | |
| **Email address** | Click or tap here to enter text. | | | | | | | | | |
| **Householder Details** | | | | | | | | | | |
| Title | Click or tap here to enter text. | | | | | | | | | |
| Full name | Click or tap here to enter text. | | | | | | | | | |
| Telephone numbers | 1) Click or tap here to enter text. | | | | | 2) Click or tap here to enter text. | | | | |
| Email address | Click or tap here to enter text. | | | | | | | | | |
| Address including postcode | Click or tap here to enter text. | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | |
| Ethnicity | Click or tap here to enter text. | | | | | | | | | |
| Occupancy summary (no. of people of each age) | ≤4 | 5-15 | 16-24 | | 25-64 | | 65-74 | 75-84 | | ≥85 |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. |
| Home owner | Click or tap here to enter text. | | | | | | | | | |
| Are there working smoke alarms? | Click or tap here to enter text. | | | If yes, where are they? | | | | | Click or tap here to enter text. | |
| **Reason For Referral & Additional Information** | | | | | | | | | | |
| Describe/comments: Click or tap here to enter text. | | | | | | | | | | |
| **Does anyone have:** |  | | | **Does anyone:** | | | | |  | |
| poor physical health? | Click or tap here to enter text. | | | have a learning disability? | | | | | Click or tap here to enter text. | |
| mobility difficulties? | Click or tap here to enter text. | | | take sedatives or medication with a sedative effect? | | | | | Click or tap here to enter text. | |
| dementia? | Click or tap here to enter text. | | | use oxygen therapy? | | | | | Click or tap here to enter text. | |
| hearing loss? | Click or tap here to enter text. | | | smoke in the property? | | | | | Click or tap here to enter text. | |
| sight impairment? | Click or tap here to enter text. | | | hoard in the property? | | | | | Click or tap here to enter text. | |
| no sense of smell? | Click or tap here to enter text. | | | Is a joint visit required? | | | | | Click or tap here to enter text. | |
| As the referring agency, you are confirming that the person named has given you their authorisation to pass their details to BFRS in order to carry out a Fire and Wellness visit. | | | | Signed | | Click or tap here to enter text. | | | | |
| Date received | | Click or tap here to enter text. | | | | |
| **Email this form securely to** | | | | [Centraladmin@bucksfire.gov.uk](mailto:fis@bucksfire.gov.uk) | | | | | | |
| Personal details submitted on this form or collected during a Fire and Wellness visit will be processed electronically and retained for a maximum of 8 years before deletion. Information linked to the Fire and Wellness visit is only shared with agencies that consent has been provided for, unless it is necessary to protect vital interests. | | | | | | | | | | |