

**Community Equipment Assessors**

**SHORT ASSESSMENT FORM**

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| **Name:** | **AIS/SWIFT ID:** |
| **Address:** | **DOB:** |
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| **Postcode:** | **Telephone:** |

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| **Marital Status:** |  |
| **NOK details:**  (Name, relationship, address, telephone number) |  |
| **Lives:** (Alone, spouse, partner, family, other) |  |
| **Accommodation:** (House, flat, bungalow, other) |  |
| **Ownership:** (LA, PO, HA, Pr Rent) |  |
| **GP details:** |  |
| **Height :** | **Weight:** |

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| **Ethnic Origin:** (X those that apply) |

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| **White:** | British | Irish | Other |  |
| **Mixed:** | White / black / Caribbean | White / black / African | White Asian | Other |
| **Asian or Asian British:** | Indian | Pakistani | Bangladeshi | Other |
| **Black or black British:** | Caribbean | African | Other |  |
| **Other Ethnic Groups:** | Chinese | Other |  |  |

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| **Medical Condition/s:** |
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| **Areas / activities assessed:** (X those that apply) | | | | | |
| Access front / back door |  | Toilet transfers |  | Chair transfers |  |
| Steps |  | Bathing |  | Kitchen activity |  |
| Stairs |  | Showering |  | Standing tolerance |  |
| Thresholds |  | Bed transfers |  | Mobility needs |  |
| **Can Service User access community services:** (Yes / No) | | | | | |
| Drives |  | Family / Friends Take them |  | Walks |  |
| Bus |  | Volunteer Driver |  | Other |  |
| **Any other Needs:** | | | | | |
| **Telecare needs**: |  | **Sensory** : Visual Impairment |  | **Sensory** : Hearing Impairment |  |
| **Benefits in receipt of:**  (AA / DLA / Other) |  | **Mental Health issues identified:** (Yes / No) |  | **Safeguarding issues identified:** (Yes / No) |  |
| **Benefits Maximisation Required** |  | If yes, information passed  to: |  | If yes, information passed  to: |  |

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| **Functional Difficulties as identified by Service Users:** |
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| **Agreed Needs:** *i.e. Safe transfers on / off toilet* | **Agreed plan of Action:** *i.e. Ordered 4” RTS* |
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| **Declined / Un–met Needs:** *i.e. Declined grab rail at front door* | **Reasons:** *i.e. Advised that family will make private arrangements to fit* |
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| **Date of Assessment:** |  |
| **Other Agencies referred on to:** |  |
| **Date Equipment Ordered:** |  |
| **Date Equipment Delivered:** |  |
| **Date Adaptations Ordered:** |  |
| **Date Adaptations Fitted:** |  |
| **Date(s) of referral to other agency / agencies** *(please list)* |  |
| **Date of Review/s:** *(minimum review will be telephone review 2 weeks after delivery / fitting)* |  |
| **Date of Closure:** |  |

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| **Outcome of Review:** (i.e. happy with equipment / equipment returned etc). |
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**Signed:………………………………………………. Date: …………………………………………...**

**Service User / Representative**

**Signed:………………………………………………. Date: …………………………………………...**

**Assessor**

**………………………………………………**

**Designation**