

PLEASE ANSWER ALL QUESTIONS CLEARLY AND FULLY TO ENSURE THIS FORM IS PROCESSED

SAFE & WELL VISIT REFERRAL

Partner Ref: **3080**
SAFEGUARDING BOARDS

PLEASE COMPLETE FORM IN BLOCK CAPITALS

USE BLACK INK ONLY

Person making Referral

Name:		Organisation:	
Relationship to Occupier:			
Work Address		Postcode:	
Telephone Number:		Fax Number:	
Email Address:			

Customer

Name:		Title:	
Address			
		Postcode:	
Telephone Number:		DOB:	Visit: AM PM W/END

Person to Contact

Name:		Telephone Number:	
Relationship to Occupier:			

Please answer the following questions:

Joint Visit Required

Consent given by occupier for Safe & Well visit to be carried out?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any occupiers over the age of 65?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any occupiers who smoke in the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any working smoke detectors in the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any occupiers who may have difficulty responding to an emergency e.g. due to mobility <input type="checkbox"/> visual <input type="checkbox"/> hearing impairment <input type="checkbox"/> ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the occupier had a fire before?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupier is in receipt of one or more benefit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Following to be asked by Health Professionals / Carers Only:	
Is there evidence of previous fires, including cigarette burns?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any occupiers who have learning disabilities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any occupiers who have mental health conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do any of the occupiers receive palliative care?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any occupiers with drug or alcohol dependencies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there evidence of disorganised living, excessive or dangerous storage?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any occupiers with dementia?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Comments

(Language / Disabilities / Password / Other Risk Factors / Reason for Joint Visit etc)

If the occupier answer `difficulty responding to an emergency` – this section **MUST** be completed

Partner agencies must ensure any processing of personal data for which they are responsible complies with the Data Protection Act 1998 and Freedom of Information Act 2000.

Return Via: **Email:** contactcentre@wmfs.net

Secure Email: contactcentre@wmfs.cjsm.net

Fax: 0121 380 7201

Freephone: 0800 389 5525