

Hands Together Ludlow
Service User Referral & Assessment Form
(for use by the Assessor or designated Volunteer)



Referral Details

Date of Referral..... Referred by..... Agency.....
HTL Ref No..... Received by.....
Service User Name..... Mr/Mrs/Miss/Ms/other.....
Address.....
..... Postcode.....
Telephone No Mobile no.....
DOB.....
Key holder details if appropriate.....
GP..... Phone No.....
Next of Kin.....
Directions to Service User's address.....
.....
.....

Assessment

Date Service User contacted.....
Service User contacted by.....
Date & Time of Assessment..... Assessor allocated.....
Any comments.....
.....
.....

Does Service User live alone Y/N Smoke Alarm Y/N Lifeline alarm Y/N

Paid carers.....
.....

Any Pets.....
Reason for referral.....
.....
.....

Relevant medical information.....
.....
.....

Mobility.....
.....
.....

Difficulties with household Management.....
.....
.....
Fuel
Poverty.....
Meals/Nutrition/Cooking.....
.....

Sensory Impairment.....

Service User Interests/hobbies/family and other relevant information etc
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.....

Help needed, identified by Service User.....
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.....
.....

Help offered by HTL

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.....

I consent to the information provided above being given to an HTL Volunteer or other agencies/organisations.

Service Users Name

Signature Date.....

Volunteer Allocated Start Date.....

Assessor Name

Signature Date.....