


Name:	DOB:	Gender:
Address:		Postcode:
Rented (Council) <input type="checkbox"/> Rented (Private) <input type="checkbox"/> Housing Association <input type="checkbox"/> Owned <input type="checkbox"/>		Ethnicity:
Telephone:	GP Surgery:	

Please tick the services you would like and return checklist to: [sailconnections@ageuklands.org.uk](mailto:sailconnections@ageuklands.org.uk)

**HEALTH AND WELLBEING**

Would you like a pendant alarm to keep you safe and secure? <b>Linkline Telecare Service</b>	<input type="checkbox"/>
Would you like to talk to someone about Telecare equipment e.g. sensors that could help you stay independent in your home for longer? <b>Linkline Telecare Service</b>	<input type="checkbox"/>
Have you had a fall or a near miss in the last year that has <b>NOT</b> been investigated or treated? <b>Lewisham Falls Services</b>	<input type="checkbox"/>
Do you have dementia, or do you care for someone with dementia and would like to speak to someone about support available? <b>MindCare</b>	<input type="checkbox"/>
Are you blind, partially sighted, or do you have a specific visual impairment? <b>BlindAid</b>	<input type="checkbox"/>
Have you lost weight recently without meaning to or are you eating less than usual and have <b>NOT</b> been referred to a dietician? <b>Lewisham Primary Care Dietetics Service</b>	<input type="checkbox"/>
Do you smoke? If so would you like to stop? <b>Stop Smoking Service</b>	<input type="checkbox"/>
Has your drinking or drug use increased slowly over the years, would you like to talk to someone? Do you use alcohol or drugs to unwind/relax? - would you like to talk to someone? <b>Lewisham Drug and Alcohol Teams</b>	<input type="checkbox"/>
Do you care for someone, or does someone care for you on an unpaid basis due to frailty, disability, addiction, physical or mental illness? Would you like to talk to someone about support available for carers? <b>Carers Lewisham</b>	<input type="checkbox"/>
 Would you like to talk to someone about social activities including: volunteering, befriending, social groups, exercise classes, lunch clubs, help with using the internet? <b>Community Connections</b>	<input type="checkbox"/>

**LIVING CONDITIONS**

Is your home cold? Would you like in-home advice about keeping warm, saving energy and funding available for heating and insulation? <b>Warm Homes Healthy People Project</b>	<input type="checkbox"/>
Do you have any difficulties using the bath/toilet/kitchen facilities? Do you have difficulties getting in and out of your home, or using stairs? If yes, please specify your area of difficulty. <b>Lewisham Council Occupational Therapy</b>	<input type="checkbox"/>
Do you have an odd job around the home that you need help with? <b>Lewisham Handyman</b>	<input type="checkbox"/>
Are you worried about the condition/repair/maintenance of your home? <b>Advice Lewisham</b>	<input type="checkbox"/>

**SAFETY, SECURITY AND INCOME**

Would you like advice from your Local Police Team regarding crime prevention, home security, or a recent incident of crime or anti-social behaviour in your area? <b>Police</b>	<input type="checkbox"/>
Have you ever been concerned about services or goods you have bought from someone who knocked at your door? <b>Crime Enforcement and Regulation Service</b>	<input type="checkbox"/>
Have you sent money to anyone who contacted you by phone or mail saying you had won money or a gift unexpectedly, and that money or gift never materialised? <b>Crime Enforcement and Regulation Service</b>	<input type="checkbox"/>
Do you have a working smoke alarm? Would you like a free Home Fire Safety Visit? <b>London Fire Brigade</b>	<input type="checkbox"/>
Would you need help leaving your home in the event of an emergency? <b>London Fire Brigade</b>	<input type="checkbox"/>
Are you having trouble paying your bills or would you like someone to help check that you are receiving all the income that you are entitled to? <b>Advice Lewisham</b>	<input type="checkbox"/>

Visited by:	From:
Date:	Telephone/Email:

**IMPORTANT:** This must be read to the client: "In signing this form you are consenting to this information being shared with partner organisations in accordance with the Data Protection Act 1998".  
Please tick here if completing by phone to demonstrate you have discussed this with the client.

Signed (client/representative):