

2 Care
Service-User Assessment Tool

To assist us in taking the application further we require all relevant information as listed in the criteria below:

WE ALSO REQUIRE AN UPDATED CPA AS WELL AS THE MOST CURRENT RISK ASSESSMENT

Title: MR/Miss/Mrs/Ms.

Surname:

First Name:

Name of Preference:

Date Of Birth:

National Insurance Number:

Name and Address of Next of Kin

Name and Address of Social Worker/Care Co-Ordinator

Name and Address of Current G.P.

Current Mental Health Team Details and Relevant Addresses and Contact Numbers

117 After Care Status: YES/NO

Current Medication and by Whom Prescribed

Details of Other Professional Agencies Recently Involved in Support

Crisis/Contingency Plan Details

Name and Address of Funding Authority

Violent Behaviour History including any Relevant Criminal Record

Physical Health History

**Personal Care Needs
including Personal Hygiene and Self Neglect Issues**

Mobility

Emotional Well Being History

Family and Social History

Employment History

Social and Leisure Interest

Spiritual and Faith Needs

Completed By:

Name:

Position:

Date: