



**Community Care**

**The Old Parish Rooms**

*Whitlingham Lane*

*Trowse, Norwich, NR14 8TZ*

*Tel: 01603 764567 Fax: 01603 761655*

*Email: Ablemg@aol.com*

*Website: www.uk-care.com*

*(Proprietor Angela Gifford)*

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### **Important Details About This 'SERVICE USER ACCESS FORM'**

Please complete the questionnaire giving details of the person requiring the services of a housekeeper/carer. Only the basic questions on the two centre pages need to be completed unless there are two people living at the same address who both require this service - in which case please give details of the second person on the last page. We apologise for the fact that this is a lengthy questionnaire, but our very considerable past experience has shown how important it is to be thorough.

The Agency is registered under The Data Protection Act 1998. The Agency always endeavours to get a good 'match' between clients and housekeeper/carers - our experience shows that the detailed information we obtain from this questionnaire is invaluable for this purpose.

Please ensure that full Postal Codes are given with all addresses and STD Codes with telephone numbers. Under 'date of birth' please give day/month/year. If there are any questions about which you feel uncertain, please give us a call during the day or leave a message after office hours and someone will contact you to try to help.

#### **Question: What do I do now?**

- ◆ Post or fax the form back to Able Community Care at our address given above.

#### **Question: What happens next?**

- ◆ You will be contacted by telephone to arrange a mutually convenient 'Assessment of Needs Visit'. This can take place in the person's home, a nursing home or in a hospital.
- ◆ An Offer Letter will be posted or faxed to you by mid-day on the following working day. (Unusual circumstances may mean that the Offer Letter cannot be sent out so quickly). The Offer Letter will contain the quotation for the total weekly costs.

#### **Question: How much does the above assessment of needs and quotation cost?**

- ◆ This part of the service is free of charge and totally without obligation - to all persons residing in England, Scotland, Wales and The Channel Islands.

#### **Question : What happens next?**

- ◆ We need you to indicate to us that the terms in the Offer Letter are acceptable and that you wish to go ahead. Once we have sent the Offer Letter you will not be approached again.
- ◆ Assuming that you wish to proceed, a named Care Manager from our office will contact you to arrange when the service is to begin.

**PLEASE COMPLETE THIS FORM IN BLOCK LETTERS**

Surname \_\_\_\_\_ Title \_\_\_\_\_ Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Forenames \_\_\_\_\_ Nationality \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Tel. No. \_\_\_\_\_ Fax \_\_\_\_\_ E mail \_\_\_\_\_

**EMERGENCY CONTACTS** Please give the name and telephone number of any person who should be contacted in an emergency.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Tel. No. \_\_\_\_\_

Please give the name, address and telephone number of your Doctor.

Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Tel. No. \_\_\_\_\_

**CORRESPONDENCE:** We confirm all bookings in writing. Should correspondence be sent to:

The **CLIENT**, a **REPRESENTATIVE** of the client, or **BOTH** ?  
(Please delete the options which are not appropriate)

If correspondence has to be sent to a Representative, please give the following details:

Surname and Title \_\_\_\_\_ Initials \_\_\_\_\_

Status \_\_\_\_\_ (ie. whether a relation, solicitor, bank manager etc.)

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_ Tel. No. \_\_\_\_\_

Fax \_\_\_\_\_ E mail \_\_\_\_\_

**PAYMENT OF ACCOUNTS**

To whom should the Agency's accounts be sent? Please enter details below.

(Simply write 'C' if client, or 'R' if Representative given above. For anyone else, please enter full details.)

Surname \_\_\_\_\_ Title \_\_\_\_\_ Initials \_\_\_\_\_

Status \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_ Tel. No. \_\_\_\_\_

Fax \_\_\_\_\_ E mail \_\_\_\_\_

**Date of Commencement of Care (for office use only)** .....

## HOUSEKEEPER/CARER INFORMATION

### Smoking.

- Some of our clients have a preference for non-smokers and we make every effort to comply with their wishes. Would you prefer a non-smoker?           yes / no
- If this is not feasible, would you be prepared to accept a person who does, provided that they limit this to their own accomodation?                           yes / no

**Drivers.**           **Please note:** We cannot always guarantee to provide carers who are car owner/ drivers, but we will make every effort to do so if required.

### STATE OF HEALTH OF CLIENT

Please give full details of any health problem eg. incontinence, confusion, senility, paralysis, deafness, poor sight, stroke after care, any named disease - Parkinson's Disease, M.S., Menieres Disease, Alzheimer's Disease, Motor Neurone Disease, etc. and also details of any special dietary requirements.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ Is help required during the night?   yes / no

If YES, please indicate the frequency:   Times per night \_\_\_\_\_ Times per week \_\_\_\_\_

**Do you use:**   A commode?           yes / no           A Zimmer frame or any other walking aid?   yes / no

                  A wheelchair?           yes / no

**Do you:**       Require lifting?           yes / no           Partial/Total lifting? (please ring appropriate answer)

                  Have a hoist?           yes / no           If yes, please give details:

Name of Manufacturer \_\_\_\_\_ Model \_\_\_\_\_

Date of last maintenance check \_\_\_\_\_

**Do you:**       Require help with washing, bathing, dressing?   yes / no

                  If yes, please give details: \_\_\_\_\_

**Do you:**       Attend a Day Centre?   yes / no

### ACCOMMODATION DETAILS

Type of residence (house, bungalow, flat?) \_\_\_\_\_

**Amenities:**       Type of heating \_\_\_\_\_

Washing Mashine?   yes / no           Drier?   yes / no           Freezer?   yes / no

Refrigerator?       yes / no           Type of cooker:   Gas / Electric / Microwave

Location of home:   urban / rural           Distance from shops \_\_\_\_\_

Are bus or train services available? (Please give details) \_\_\_\_\_

\_\_\_\_\_

Are there any pets?   yes / no (Please give details) \_\_\_\_\_

Are there any other domestic staff?   yes / no

What accomodation is available for the housekeeper/carer? (Please give details) \_\_\_\_\_

\_\_\_\_\_

Please give details of anyone else who resides in the household \_\_\_\_\_

\_\_\_\_\_

## GENERAL INFORMATION

The Agency makes every effort to obtain a 'good match' between clients and housekeeper/carers and, in order to assist us in this, it will be helpful if you can give us details of interests, hobbies, your previous occupation and your religion:

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## EXPECTED DURATION

How long do you anticipate you might require the services of a housekeeper/carer?

Up to 3 months?      yes / no                      3 months or longer?      yes / no

## Complete this section only if there is another person in the household who requires care

Surname \_\_\_\_\_ Title \_\_\_\_\_ Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Forenames \_\_\_\_\_

## STATE OF HEALTH OF CLIENT

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Weight \_\_\_\_\_ Height \_\_\_\_\_ Is help required during the night?      yes / no

If yes, please indicate the frequency.      Times per night \_\_\_\_\_ Times per week \_\_\_\_\_

**Do you use:** A commode?      yes / no      A Zimmer frame or any other walking aid?      yes / no

A wheelchair? yes / no

**Do you:**      Require lifting?      yes / no      Partial/Total lifting? (please ring appropriate answer)

Have a hoist?      yes / no      If yes, please give details:

Name of Manufacturer \_\_\_\_\_ Model \_\_\_\_\_

Date of last maintenance check \_\_\_\_\_

**Do you:**      Require help with washing, bathing, dressing?      yes / no

If yes, please give details \_\_\_\_\_

**Do you:**      Attend a Day Centre?      yes / no

## GENERAL INFORMATION

Please assist by giving details of interests, hobbies, your previous occupation and your religion:

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If there are any children under sixteen years old living in the home or who may visit, please give details:

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### Able Community Care

It would be helpful to us if you would tell us how you came to hear of Able Community Care. If it was through a doctor, solicitor, social worker, an existing client, or you obtained our details from a Local Authority Approved or Accredited List we would also be pleased to know.

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**Thank you for your co-operation in completing this form.**