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| **Family Carer details** |
| **Name:**  | **Date of birth:**  | **Primary Language:**  |
| **Address:**  | **GP, name, address and telephone** |
| **Telephone:**  |
| **Relationship to cared for person:**  |

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| **Cared for details** |
| **Name:**  | **Date of birth:**  | **Primary Language:**  |
| **Address:**  | **GP, name, address and telephone:** |
| **Medical information:**  |
| **If the address is difficult to find, can you identify a landmark which would help direct someone to the property?** |

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| **Are there any emergency contacts identified?** |
| **YES** | **NO** | **If “No” go to end.** |

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| **Emergency contact option 1** |
| **Name:**  | **Date of birth:**  |
| **Address:**  |
| **Telephone:**  |
| **Relationship to cared for:**  |
| **Relationship to carer:**  |
| **Length of support time e.g. a few hours, overnight etc. Not Stated**  |

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| **Emergency contact option 2** |
| **Name:**  | **Date of birth:**  |
| **Address:**  |
| **Telephone:**  |
| **Relationship to cared for:**   |
| **Relationship to carer:**  |
| **Length of support time e.g. a few hours, overnight etc.** |

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| **Emergency contact option 3**  |
| **Name:**  | **Date of birth:**  |
| **Address:**  |
| **Telephone:**  |
| **Relationship to cared for:**  |
| **Relationship to carer:**  |
| **Length of support time e.g. a few hours, overnight etc.** |

**Emergency Plan Details**

Please note that all boxes need to be completed for the referral to be implemented

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|  **Does the Cared For Person have access to the home where they live?**  |
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| **Can the Cared For Person enter their home without any help?**  |
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| **Does the Cared For Person answer the door?**  |
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| **Does the Cared For Person have specialist equipment at home?****Special Factors** **Any keysafes, spare keys with neighbours, noisy/dangerous dogs to be recorded in special factors**  |
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| **Is the Cared For address difficult to find?**  |
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| **Are there any dependant children in the house?** |
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| **Does the adult/carer have any communication preferences?** |
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| **Does the Carer provide informal personal care for the Cared For Person?**  |
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| **Does the Carer support the Cared For Person with dressing and undressing?**  |
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| **Does the Carer provide supervision for the Cared For Person?**  |
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| **Does the Carer support the Cared For with mobility?** |
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| **Does the Carer support the Cared For with transport?**  |
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| **Does the Carer support the Cared For Person emotionally?**  |
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| **Does the Carer support the Cared For Person with any continence needs?**  |
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| **Does the Carer support the Cared For Person with medication? (please note where medication is kept)**  |
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| **How do they support them?** |
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| **Is there any other information that might be helpful in supporting the Cared For Person?****Think about likes / dislikes / allergies and name preferences. Is anyone else likely to enter the house during the time of the emergency cover? Housekeeper etc?** |
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| **Consent: Does the cared for person know of and consent, where possible, to the intentions of this Emergency Plan?**  |
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