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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?** |
|  |