**Technology Enabled Care - COMMUNITY ALARM - REFERRAL FORM**

|  |  |
| --- | --- |
| C:\Users\ogdej\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\IJB Logo.png | This form is to apply for a standard community alarm and pendant from East Lothian Telecare Service. Your representative can complete this form on your behalf if you prefer. If you require other Telecare equipment for example a bed, chair, movement, smoke, heat, epilepsy, door, flood sensor this requires an assessment from a Health or Social care assessor. To request an assessment for Enhanced Telecare call 01875 824309. |

|  |
| --- |
| **Eligibility -** The applicant is likely to have a health problem and/or a disability OR the applicant is vulnerable and at risk? Ideally at least two local keyholders are required; if this is not possible an alarm can still be installed. |
| **\*OFFICE USE ONLY\*** | **TYPE OF REQUEST** | **Once completed please send to : -****East Lothian Telecare Service, South Office****East Lothian Community Hospital,** **Alderston Road, Haddington, EH41 3PF****Tel : 01875 824309****Email :** **telecare@eastlothian.gov.uk** |
| **Date Received:** |  | * **Urgent**
* **Routine**
* **Hospital Discharge**
 | **[ ]** **[ ]** **[ ]**  |
| **Alarm Type:** |  |
| **Alarm ID:** |  | **Discharge Date :** |
| **Alarm/ pendant Serial:** |  |  |
| **Section A – PERSONAL DETAILS (A)** |
| **1ST or sole Applicant (Please complete in BLOCK CAPITALS)** |
| **Surname:** |  | **Forenames:** |  | **Title:** |  |
| **Known as:** |  | **Marital Status:** |  |
| **Gender:** |  | **D.O.B.** |  |
| **Address:** |  | **Post Code:** |  |
| **Landline Phone No:** |  |
| **Email address:** |  | **Mobile No:** |  |
| **2nd Applicant (if applicable)** |
| **Surname:** |  | **Forenames:** |  | **Title:** |  |
| **Known as:** |  | **Marital Status:** |  |
| **Gender:** |  | **D.O.B.** |  |
| **Email address:** |  | **Mobile No:**  |  |
| **Section B – HEALTH INFORMATION (B)** |
| **GP Practice:** |  | **Practice Address:** |   |
| **Name of GP:** |  |
| **Phone No.** |  |
| **Medical Information - Have you had or do you suffer from any medical conditions? Please tick any relevant medical conditions or health problems the alarm centre should know about below:** |
| **1st Applicant** | **2nd Applicant (if applicable)** |
| * **Stroke**
 | [ ]  | * **High Blood Pressure**
 | [ ]  | * **Stroke**
 | [ ]  | * **High Blood Pressure**
 | [ ]  |
| * **Epilepsy**
 | [ ]  | * **Heart Problems**
 | [ ]  | * **Epilepsy**
 | [ ]  | * **Heart Problems**
 | [ ]  |
| * **Respiratory**
 | [ ]  | * **Diabetes –Type 1**
 | [ ]  | * **Respiratory**
 | [ ]  | * **Diabetes –Type 1**
 | [ ]  |
| * **MS**
 | [ ]  | * **Diabetes –Type 2**
 | [ ]  | * **MS**
 | [ ]  | * **Diabetes –Type 2**
 | [ ]  |
| * **Osteoporosis**
 | [ ]  | * **Difficulty Communicating**
 | [ ]  | * **Osteoporosis**
 | [ ]  | * **Difficulty Communicating**
 | [ ]  |
| * **Arthritis**
 | [ ]  | * **Memory Problems**
 | [ ]  | * **Arthritis**
 | [ ]  | * **Memory Problems**
 | [ ]  |
| * **Bariatric**
 | [ ]  | * **Anti-Coagulants (state):**
 | [ ]  | * **Bariatric**
 | [ ]  | * **Anti-Coagulants (state):**
 | [ ]  |
| * **Falls**
 | [ ]  |  |  | * **Falls**
 | [ ]  |  |  |
| * **Reduced Mobility**
 | [ ]  | * **Allergies (state):**
 | [ ]  | * **Reduced Mobility**
 | [ ]  | * **Allergies (state):**
 | [ ]  |
| * **Impaired Balance**
 | [ ]  | 1.
 | * **Impaired Balance**
 | [ ]  | 1.
 |
| * **Visually Impaired**
 | [ ]  |

|  |  |
| --- | --- |
| * **Cancer-Type:**
 | [ ]  |

 |  [ ]  | * **Visually Impaired**
 | [ ]  |

|  |  |
| --- | --- |
| * **Cancer-Type:**
 | [ ]  |

 |  [ ]  |
| * **Deaf/hard of hearing**
 | [ ]  |

|  |  |
| --- | --- |
| * **Learning Disability**
 | [ ]  |

 |  [ ]  | * **Deaf/hard of hearing**
 | [ ]  |

|  |  |
| --- | --- |
| * **Learning Disability**
 | [ ]  |

 |  [ ]  |
| * **Other:**
 | **Other:** |
| **Section C – RESPONDER/ KEYHOLDER - CONTACT DETAILS** **(for Community Alarm New Applicants)** |
| East Lothian Telecare Service relies heavily upon a network of local responders/ key holders, who will be able to respond within a reasonable timescale (30mins maximum) where possible. Please check they are agreeable first. To support local key holders, East Lothian now has an Emergency Care Service with trained staff available 24/7 to assist with uninjured falls pick-up. They have access to suitable hoisting equipment. Local key-holders just need to press the RED button on the Community Alarm Unit and ask for assistance from the Emergency Care service |
| **1St Responder – must be a key holder** |
| **Name:** |  | **Relationship:** |  |
| **Address:** |  | **Home Tel No:** |  |
| **Mobile Tel No.** |  |
| **Work Tel No.** |  |
| **Postcode:** |  | **Email:** |  |
| **Are they available to respond 24hrs?** | **YES** | **[ ]**  | **NO** | **[ ]**  | **Are they Next Of Kin (NOK)?** | **YES** | **[ ]**  | **NO** | **[ ]**  |
| **If not, when NOT available:** | **Power of Attorney?** | **YES** | **[ ]**  | **NO** | **[ ]**  |
| **2nd Responder – must be a key holder** |
| **Name:** |  | **Relationship:** |  |
| **Address:** |  | **Home Tel No:** |  |
| **Mobile Tel No.** |  |
| **Work Tel No.** |  |
| **Postcode:** |  | **Email:** |  |
| **Are they available to respond 24hrs?** | **YES** | **[ ]**  | **NO** | **[ ]**  | **Are they Next Of Kin (NOK)?** | **YES** | **[ ]**  | **NO** | **[ ]**  |
| **If not, when NOT available:** | **Power of Attorney?** | **YES** | **[ ]**  | **NO** | **[ ]**  |
| **3rd Responder – must be a key holder** |
| **Name:** |  | **Relationship:** |  |
| **Address:** |  | **Home Tel No:** |  |
| **Mobile Tel No.** |  |
| **Work Tel No.** |  |
| **Postcode:** |  | **Email:** |  |
| **Are they available to respond 24hrs?** | **YES** | **[ ]**  | **NO** | **[ ]**  | **Are they Next Of Kin (NOK)?** | **YES** | **[ ]**  | **NO** | **[ ]**  |
| **If not, when NOT available:** | **Power of Attorney?** | **YES** | **[ ]**  | **NO** | **[ ]**  |
| **Section D – ACCESS FOR RESPONDERS - Access details for responders/Key-safe details:** |
| **Is there an entry-phone?** | **YES** | **[ ]**  | **NO** | **[ ]**  | **Is there a Key-safe?** | **YES** | **[ ]**  | **NO** | **[ ]**  |
| **Any other access requirements or if difficult property to find, please give details:**  |
| **Section E – NOTIFICATION OF NEXT OF KIN OR NOMINATED OTHER**  |
| In the event of an emergency the call-operator can let a Next of Kin or ‘Nominated Other’ know what has happened and the outcome ***but*** only if the applicant (or their welfare Power of Attorney) has consented to this. Please give details if applicable: |
| **Details of Next of Kin or Nominated Other (if applicable)** |
| **Name:** |   | **Relationship:** |  |
| **Address:** |  | **Home Tel No:** |  |
| **Mobile Tel No.** |  |
| **Work Tel No.** |  |
| **Postcode:** |  | **Email:** |  |
| **Section F – REASON FOR REFERRAL + BACKGROUND INFORMATION**  |
| **Background Information:**   |
| **Does the applicant live alone?**  | **YES** | **[ ]**  | **NO** | **[ ]**  |
| **If no, who else lives in household?** |
| **Is the applicant(s) able to understand and operate the equipment?**  | **YES** | **[ ]**  | **NO** | **[ ]**  |
| **Special Rules -**  |
| **Is the applicant receiving a Palliative Care Package?** | **YES** | **[ ]**  | **NO** | **[ ]**  |
| **Is the applicant in receipt of a DS1500 form?** | **YES** | **[ ]**  | **NO** | **[ ]**  |
| **Is the applicant in receipt of a Care Package funded by East Lothian Council?** | **YES** | **[ ]**  | **NO** | **[ ]**  |
| **Is the applicant in receipt of a Privately funded care arrangement?** | **YES** | **[ ]**  | **NO** | **[ ]**  |
| **Has the applicant (or their Power of Attorney) consented to this referral being made?** **SIGNED:** | **YES** | **[ ]**  | **NO** | **[ ]**  |
|  |  |  |  |
| **Confirm the applicant advised regarding monitoring charge (Y/N)** | **YES** | **[ ]**  | **NO** | **[ ]**  |
| **Main Reason for referral – please choose one** |
| * **To enable an individual to remain at/return home**
 | **[ ]**  | * **To improve safety/ reduce risk of harm**
 | **[ ]**  |
| * **Carer support**
 | **[ ]**  | * **To enable independence**
 | **[ ]**  |
| **Other (Please specify):** |  |  |  |
| **Section G - Property Tenure (tick)** |
| * **East Lothian Council**
 | **[ ]**  | * **Owner Occupier**
 | **[ ]**  |
| * **Housing Association**
 | **[ ]**  | * **Private Rent**
 | **[ ]**  |
| **Name of Housing Association:**  | **Private Landlord’s Name:** |
| **Contact Details:**  |
|  |
| **Property Type (Please tick)** |
| * **Single Storey House**
 | **[ ]**  | * **Mainstream Housing**

 **(this is a dwelling [owned/mortgaged/rented] which has not been adapted for special needs in any way)**   | **[ ]**  |
| * **Two Storey House**
 | **[ ]**  | * **Supported Housing**

 **(including Sheltered, Amenity or Supported Accommodation)**  | **[ ]**  |
| * **Flat**
 | **[ ]**  | * **Other/ including adapted**
 | **[ ]**  |
| **Please specify Flat floor:** |
| **Section H – CONNECTION INFORMATION FOR COMMUNITY ALARM** |
| **Does the applicant have an existing landline telephone connection?**  | **YES** | **[ ]**  | **NO** | **[ ]**  |
| **Please specify landline supplier:** |
| **Does the applicant have a ‘call-blocker’ device or service in place?** | **YES** | **[ ]**  | **NO** | **[ ]**  |
| **Is there a broadband connection in the house?** | **YES** | **[ ]**  | **NO** | **[ ]**  |
| **Is the BT socket within 2m of a 13 amp electric socket without causing wires to trail dangerously on the floor?** | **YES** | **[ ]**  | **NO** | **[ ]**  |

|  |
| --- |
| **Section I – ACCESS FOR INSTALLATION**  |
| **Arrangements for installation:** |
| **Phone applicant (tick)** | **[ ]**  | **Phone other (tick)** | **[ ]**  |
| **If other, contact name:** |  | **Relationship:** |  |
| **Contact number(s):** |  |
| **Hazards for Installers:**  |
| **Please note if there are any known potential problems the installer needs to be aware of** e.g. animals in the household, position of furniture that will present obstruction in carrying out installation, etc. :  |
| **Section J - Form completed by:** |
| **Name:** |  | **Designation:** |  |
| **Address:** |  | **Relationship:** |  |
| **Mobile Tel No.** |  |
| **Work Tel No.** |  |
| **Postcode:** |       | **Email:** |  |
| **Referred by (please tick)** |
| * **Self/Carer/Family**
 | [ ]  | * **Intermediate Care**
 | [ ]  | * **Social Work**
 | [ ]  |
| * **Primary Care**
 | [ ]  | * **Hospital**
 | [ ]  | * **Housing**
 | [ ]  |
| **Other (Please specify):**   |

|  |
| --- |
| The Telecare team receives your referrals for Community Alarms and Telecare and does all installs/repairs/uplifts, etc. Please email referrals. **Email the Telecare Team:** **telecare@eastlothian.gov.uk**If you need to speak to a member of the Telecare Team call the Community Access Team and ask to be put through to a team member: **Tel: 01875 824 309** |

|  |
| --- |
| **For office use only - Post Install / Additional Information**  |
| * **Include alternative invoicing arrangements if applicable.**
 |  |

|  |
| --- |
| **Section K - Applicant’s Ethnicity [for monitoring purposes only] (Please tick)** |
| * **White Scottish**
 | [ ]  | * **Irish**
 | [ ]  | * **Asian/Asian Scottish/Asian British**
 | [ ]  |
| * **Other White British**
 | [ ]  | * **Mixed**
 | [ ]  | * **Black/Black Scottish/Black British**
 | [ ]  |
| * **Other White**
 | [ ]  | * **Not Known**
 | [ ]  | * **Not Disclosed**
 | [ ]  |
| * **Other Ethnic Group**
 | [ ]  |  |
| **Section L - Applicant’s User Group [for monitoring purposes only] (Please tick)** |
| * **Older People**
 | [ ]  | * **Learning Disability**
 | [ ]  | * **Vulnerable People**
 | [ ]  |
| * **Mental Health**
 | [ ]  | * **Physical Disability**
 | [ ]  | * **Other**
 | [ ]  |