

Adult Social Care
Bromley Council, Civic Centre, Stockwell Close
Bromley
BR1 3UH
Telephone: 020 8461 7777
Bromley.gov.uk



Assistive Technology, Carelink, Sensory Assessment & Referral

Details

Title	
Surname	
Forename	
Preferred Name	
Gender	

Dates

Actual DOB	
Age	
Actual DOD	

Key Identifiers

Person ID	
-----------	--

Address

Primary Address from 08-Nov-2023	
-------------------------------------	--

Contact Methods

Mobile Phone	
E-Mail	
Home Phone	

Referral details

Requested by (worker):	<input type="text"/>
------------------------	----------------------

Professional Involvements

None

Is this referral being completed by LBB staff on behalf of another person i.e. NHS staff or Deaf Plus?	<input type="radio"/> Yes <input type="radio"/> No
--	--

Requested date: This is the actual date you are sending the referral on.	
---	--

Personal Details

Person Information

Relationships

Please check Family & Other Relationship details below, and add/update where necessary using the links provided:

Other Household Members

Attributes	Relationship	Name	Date of Birth	Gender	Ethnicity	Language	Contact Details

Non-Household Significant Family Members and Other Related Persons

Name of care agency and contact telephone number:	
---	--

Risks							
Details of risks:							
Consent, Capacity & Representation							
Consent to Information Sharing							
Do you consider that the person may have substantial difficulty in engaging with, or consenting to, the assessment process?		<input type="radio"/> Yes <input type="radio"/> No					
Update the Mental Capacity consideration using the control below							
Mental Capacity							
Mental Capacity considered?		<input type="radio"/> Yes <input type="radio"/> No					
Consideration date							
Additional Information							
Financial Agent- if applies							
Attributes	Relationship	Name	Date of Birth	Gender	Ethnicity	Language	Address
Power of Attorney- if applies							
Attributes	Relationship	Name	Date of Birth	Gender	Ethnicity	Language	Address
Health							
Health & Disability							
Diagnosis / Medical History Summary Including information about disability, sensory loss and skin integrity							
What types of medication do you use? Has there been recent changes to your medications (type, frequency) or any issues with taking medication (missing or overdoses)? Do you manage your own medications? - describe medication type and functional use							
<i>List is empty</i>							
GP Surgery							
Please confirm you have entered the GP below? If you have not entered this, your referral will be rejected as this is mandatory information		<input type="radio"/> Yes <input type="radio"/> No					
GP Practice:							
Communication							
Does the person have a sensory impairment or communication difficulty?		<input type="radio"/> Yes <input type="radio"/> No					
What communication aids does the person use		<input type="radio"/> Cochlear implant <input type="radio"/> Wears glasses <input type="radio"/> Hearing aid/s <input type="radio"/> Other <input type="radio"/> Sign Language					
How is the person managing their communication difficulties?							

Who should be contacted to arrange home visit/ further assessment	
If the person being referred should be contacted what is their preferred means of communication?	
Assessment / Conversation with the Person	
Referral required:	<input type="radio"/> Carelink <input type="radio"/> Assistive Technology <input type="radio"/> Sensory Assessment
Has the person agreed to the referral?	<input type="radio"/> Yes <input type="radio"/> No
Referrers Assessment conducted?	<input type="radio"/> Face to face with person / carer <input type="radio"/> Telephone call with person <input type="radio"/> Telephone call with carer <input type="radio"/> Email /Text <input type="radio"/> Portal
Pen picture / social context of the person's personal / health / medical history / relationships Summarise what you know/have learned about the person's background.	
Do you have any caring responsibilities? - eg: for another adult or child/ren	<input type="radio"/> Yes <input type="radio"/> No
Do you have a Carer (paid or unpaid) who helps you?	<input type="radio"/> Yes <input type="radio"/> No
Describe caring role - yours or your carer's	
Any other important information about the person, contacts, carers etc	
Does the person have any Assistive Technology now (or had any previously)? - Describe what equipment, including any benefits (disbenefits) of the equipment	
Is there a land line (telephone) installed and working?	<input type="radio"/> Yes <input type="radio"/> No
If no, why not? example they do not want one etc?	
What would the person/Carer like to achieve with provision of assistive technology/Carelink	
What are the key issue/s for the person and/or the carer?	<input type="radio"/> Carer stress (formal/informal) <input type="radio"/> Falls / Inactivity / Alerts <input type="radio"/> Managing purposeful walking <input type="radio"/> Memory / cognitive issues <input type="radio"/> Safety inside the home <input type="radio"/> Managing community safety <input type="radio"/> Medication management / compliance <input type="radio"/> Sensory impairment <input type="radio"/> Communication difficulties

Details of the clinical needs and/or areas of concern? EG: - number & location of falls - why is carer under stress	
What is the person's daily / nightly routine? EG: - unsettled at night - carer visits at 9am and 3pm etc	
How does the person mobilise and transfer?	
Proposed equipment/technology	
What AT equipment might provide benefit/s to the person? And how?	
Equipment type	Describe the need to be met by the equipment/technology proposed
Is the person physically able to push a button on a pendant alarm?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A (for AT/Sensory assessments only)
Will the person remember to use a pendant alarm?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A (for AT/Sensory assessments only)
Various options are available (flexible alarms, activities monitoring, 'use your own device'). Click on the Help icon (green book) on the field below, for more information about each option.	
Property & Access	
Property & Access details	
Property has been visited by referrer?	<input type="radio"/> Yes <input type="radio"/> No
Description of person's home Provide details of the property e.g. layout, steps, stairs, doorways	
Access	<input type="radio"/> Communal <input type="radio"/> Back <input type="radio"/> Stairs <input type="radio"/> Front <input type="radio"/> Automatic door entry <input type="radio"/> Ramp <input type="radio"/> Side <input type="radio"/> Lift <input type="radio"/> Other
Does the person have a key safe?	<input type="radio"/> Yes <input type="radio"/> No
Please confirm that a referral for key safe has been completed	<input type="radio"/> Yes <input type="radio"/> No
Other access details / notes - EG: slow to answer, parking problem, pets etc. - Key Safe PIN is recorded in Case Notes - record any risks about access/visiting in the Risks area below	
Financial assessment	
Financial assessment & Costs	
Has the caller been advised of the Financial Assessment requirement?	<input type="radio"/> Yes <input type="radio"/> No