Bromley Civic Centre, Churchill Court, 2 Westmoreland Road, Bromley BR1 1AS Telephone: 0208 461 7777 Bromley.gov.uk

Assistive Technology, Carelink, Sensory Assessment & Referral

Details							
Title							
Surname							
Forename							
Preferred Name							
Gender							
Dates							
Actual DOB							
Age							
Address							
Primary Address							
Contact Methods							
Home Phone							
Mobile Phone							
Requested date:							
Consent to Information Sharing within other Bromley Council Departments - Yes \square No \square							
Mental Capacity (ability to understand information and make decisions)							
Yes Ves Vo Please give more details:							
Power of Attorney							
Health & Disability							
Diagnosis / Medical History Summary							

Medication Thinners, B	(i.e. Blood lood pressure)	:							
GP Surgery									
Name of GP Practice			Address			Contact Number			
Carelink: Installation and Collection									
	gency installati								
Contact details to arrange installation / collection:									
Care link response required			Full Mobile Response Monitoring only						
Please give	details:	I							
Name Address Teleph			hone Number		Relationship to person	hip to person			
Proposed	equipment/te	echnolo	gy						
What AT ec	uipment might	t provide	e benefit	/s to the person	n? And how?				
Equipment	: type			Describe the r	need to be met by the equipme	nt/tecł	nnology proposed		
Pendant and unit must be able to press a wrist/pendant				nt					
Falls Pendant at additional cost, can be pressed or activates itself if person has mechanical falls									
	on physically a on on a penda			<u> </u>					
Will the person remember to use a pendant alarm?		to							
•	& Access deta	ils							
Description	of person's ho	me							
Does the person have a key safe? Client must have a key safe installed for the Full Mobile Response Service									
Access									
Financial a	assessment &	Costs							
financial co require a fin <i>Client will n</i>	een advised of st. Would you nancial assessr ot meet criteria s of £23,250	nent?							
Referral A	uthorisation								
Authorised	by (manager):								
Date received:									
Date authorised									