

OFFICE USE ONLY

Reference Number:

Completed by:		Job Title:	
Organisation:		Date completed:	
Referred by:		Date of referral:	

DRAFT VERSION* LANCASHIRE HEALTHY HOME ASSESSMENT*OFFICE USE ONLY****PERSONAL DETAILS:**

Mr/Mrs/Miss/Ms:	Name:	DOB:	Age:
Address:		Telephone:	
		Email:	
		Client No:	
Postcode:		Case No:	
Other occupants in property? (Please give brief details)			
Eligibility Criteria: <i>(Please note, example criteria only!)</i>	<input type="checkbox"/> Over 65 <input type="checkbox"/> Registered disabled <input type="checkbox"/> Long term condition(s) <input type="checkbox"/> GP/LCC referral <input type="checkbox"/> Other		
Referred by: (Person & Organisation)			
Contact Details: Tel: Email:			
Reason for Referral:			

TO BE COMPLETED WITH CLIENT**HEALTH & WELLBEING:**

If answering 'yes' for any of the following please add any relevant brief notes:

Registered disabled?	Yes/No	
Long term health conditions?	Yes/No	
Sensory impairments? (vision/hearing)	Yes/No	
Mobility issues?	Yes/No	
Carer support in place? (family/friend/agency)	Yes/No	
Independent – can they get out & about, use public transport, shop etc?	Yes/No	

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Does the client usually need assistance with any of the following? If 'yes' add brief notes:		
Bathing/Showering?	Yes/No	
Using the toilet?	Yes/No	
Getting in and out of bed?	Yes/No	
Cleaning/general chores?	Yes/No	
Getting around the house?	Yes/No	
Using the stairs?	Yes/No	
Getting in and out of the house?	Yes/No	
Had a fall in home? If yes, where? Any indicators why?	Yes/No	
Are there any areas of particular concern within the home for the client? If yes, make a note of the details.	Yes/No	
OTHER COMMENTS/OBSERVATIONS:		

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PROPERTY DETAILS:							
Type of property: (tick)	Detached	Semi	Terrace	Tenure: (tick)	Owner/Occ	Private Tenant	LA Tenant
	House	Bungalow	Flat		RSL Tenant	Other (describe):	
Does the property appear to be in good structural condition?			Yes/No				
Electrics appear in good working order? Check consumer unit.			Yes/No				
Any evidence of mould or damp? If yes, where?			Yes/No				
Is hot and cold water available?			<input type="checkbox"/> Kitchen? (tick for yes)		<input type="checkbox"/> Bathroom?		

STAYING WARM:		
		COMMENTS:
Does home have central heating? If no, describe heating arrangements.	Yes/No	
Does the heating system appear to be in good working order?	Yes/No	
Has central heating system been serviced? If yes, include date if known.	Yes/No	
Is the heating system programmable?	Yes/No	
Does the client know how to use the programmes/controls?	Yes/No	
Is the property insulated?	<input type="checkbox"/> Loft insulation? (tick for yes) <input type="checkbox"/> Cavity wall insulation?	
Does the client experience draughts or feel the cold?	<input type="checkbox"/> Main daytime Room? (tick for yes) <input type="checkbox"/> Kitchen? <input type="checkbox"/> Main Bedroom?	
	<input type="checkbox"/> Bathroom? <input type="checkbox"/> Other area? List:	
OTHER COMMENTS/OBSERVATIONS:		
Refer for energy efficiency/affordable warmth advice & support? <input type="checkbox"/> (tick for yes)		

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HOME SECURITY:		COMMENTS:
Does the main access door have a chain fitted?	Yes/No	Is it used?
Does main access door have a spy hole?	Yes/No	
Would a key safe be beneficial?	Yes/No	
Do external doors have 5-lever locks?	<input type="checkbox"/> Front? (tick for yes) <input type="checkbox"/> Rear? <input type="checkbox"/> Other(s)?	
Are additional bolts in place on external doors?	<input type="checkbox"/> Front? (tick for yes) <input type="checkbox"/> Rear? <input type="checkbox"/> Other(s)?	
Are window locks in place?	<input type="checkbox"/> Downstairs? (tick for yes) <input type="checkbox"/> Upstairs?	
OTHER COMMENTS/OBSERVATIONS:		

FIRE SAFETY:		COMMENTS:
LFRS Risk Category (see guidance)	<input type="checkbox"/> Very Low <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very High	
Are there working smoke alarms in the property?	Yes/No	How Old? Correct locations?
Does the client have an escape plan?	Yes/No	
Any overloaded electrical sockets?	<input type="checkbox"/> Lounge? (tick for yes) <input type="checkbox"/> Dining? <input type="checkbox"/> Kitchen? <input type="checkbox"/> Bathroom? <input type="checkbox"/> Main Bedroom? <input type="checkbox"/> Other? List:	
Do fires and heaters appear to be in good working order and safely used?	Yes/No	
OTHER COMMENTS/OBSERVATIONS:		
Refer to Lancashire Fire & Rescue? <input type="checkbox"/> (tick for yes)		

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GENERAL SAFETY:		COMMENTS:
Would any area benefit from grabrails?	Yes/No	Where?
Additional handrail(s) required on stairs?	Yes/No	
Improvements required to help client reach mail/milk?	Yes/No	
Improvements required to lighting?	<input type="checkbox"/> Main downstairs room? (tick for yes) <input type="checkbox"/> Kitchen? <input type="checkbox"/> Hall/stairs/landing? <input type="checkbox"/> Bathroom? <input type="checkbox"/> Main Bedroom? <input type="checkbox"/> Other? List:	
Improvements required to make carpets/floor coverings secure, even and in good repair?	<input type="checkbox"/> Main downstairs room? (tick for yes) <input type="checkbox"/> Kitchen? <input type="checkbox"/> Hall/stairs/landing? <input type="checkbox"/> Bathroom? <input type="checkbox"/> Main Bedroom? <input type="checkbox"/> Other? List:	
Can improvements be made to reduce clutter, obstacles, trailing wires etc...?	<input type="checkbox"/> Main downstairs room? (tick for yes) <input type="checkbox"/> Kitchen? <input type="checkbox"/> Hall/stairs/landing? <input type="checkbox"/> Bathroom? <input type="checkbox"/> Main Bedroom? <input type="checkbox"/> Other? List:	
Any additional improvements required to improve safety in the bathroom?	Yes/No	
Any additional improvements required to improve safety in the kitchen?	Yes/No	
Any additional improvements required to improve safety in the main daytime room?	Yes/No	
Any additional improvements required to improve safety in the main bedroom?	Yes/No	
OTHER COMMENTS/OBSERVATIONS:		
Refer to Falls Team? <input type="checkbox"/> (tick for yes)		

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OUTSIDE:		COMMENTS:
Improvements required to make bins more accessible?	Yes/No	
Improvements required to outdoor lighting?	Yes/No	<input type="checkbox"/> Front? <input type="checkbox"/> Side? <input type="checkbox"/> Rear?
Improvements required for safety of paths and surfaces?	Yes/No	
Improvements required for safe access into property?	Yes/No	<input type="checkbox"/> Front? <input type="checkbox"/> Rear?
Any grabrails or handrails required?	Yes/No	Where?
OTHER COMMENTS/OBSERVATIONS:		

SUMMARY OF IMPROVEMENTS MADE DURING VISIT:		
<input type="checkbox"/> No. of smoke alarms ?	<input type="checkbox"/> Fire safety advice given?	<input type="checkbox"/> Draught exclusion in main rooms?
<input type="checkbox"/> Security items?	<input type="checkbox"/> Trip hazards removed?	<input type="checkbox"/> No. of grabrails installed?
Please list any other actions/improvements completed during visit:		

CLIENT CONSENT:	
I give my consent to [insert name of Agency] to share my details with partner agencies in order for me to access appropriate services and advice:	
Signed (Client)	Date:

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DRAFT VERSION* LANCASHIRE HEALTHY HOME ASSESSMENT*FOLLOW-UP ACTIONS:****FURTHER HOME IMPROVEMENT AGENCY ACTIONS:**

		COMMENTS:
Is a follow-up Handyperson visit required?	Yes/No	
Has the client agreed to follow-up Handyperson visit?	Yes/No	If no, please give reason
Is a referral required to Technical Service?	Yes/No	If yes, please give reason
Is referral required to Caseworker Service?	Yes/No	If yes, please give reason

NOTES:**REFERRALS:**

Please let the client know if you think they could benefit from any of the following referrals?

LFRS HelpDirect Age UK/Age Concern Assistive technology provider
 Connect4Life Social Services Falls Team Energy Efficiency/Affordable Warmth
 Citizen's Advice Bureau Benefits advice

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Home Improvement Agency referrals actioned by:

Name:

Date:

Referrals set out above actioned by:

Name:

Date: