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Confidential

Personal Support Plan - Gathering Information for the Initial Assessment

This document may be completed by the prospective Client or with/by a representative from the Company.

A separate questionnaire, "Lone working, Client's Home Inspection Report" deals with the Risk Assessments associated with this individuals care, from the Carer's perspective

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Your Personal Profile

Full Name (Surname first)		
What do you like to be called?		
Permanent Address (Where support is to be given)		Post Code:

Entering Your Premises

How is this to be arranged?

Telephone	Land-Line	Mobile
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Email Address	
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Date of Birth	
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Nationality	
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Relationship Status (e.g. Married, Divorced etc.)	
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Do you live alone? (Circle as appropriate)	Yes	No
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If No, who do you live with, and what is the relationship?	Name of the person	Relationship to you (If any)
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Religious Beliefs – what would you like to tell us that is important?	
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Next of Kin – Please state name, relationship and telephone contact details	Name: Relationship to you: Telephone contact details: Land-Line: Mobile:
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People who are important to you and your support

Emergency

In the case of an emergency, who would you like us to contact?

Please state name, relationship and telephone contact details	Name: Relationship to you: Telephone contact details: Land-Line: Mobile:
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Lasting Power of Attorney

If applicable, please provide contact details for any individual who holds lasting Power of Attorney for you.

Please state name and telephone contact details	Name: Telephone contact details: Land-Line: Mobile:
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Others (Family members, perhaps)

Who else would you like us to know about who are involved with you and possibly your support?

Please state name, relationship and telephone contact details	Name: Relationship to you: Telephone contact details: Land-Line: Mobile:
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Please state name, relationship and telephone contact details	Name: Relationship to you: Telephone contact details: Land-Line: Mobile:
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Please state name, relationship and telephone contact details	Name: Relationship to you: Telephone contact details: Land-Line: Mobile:
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Contact details for important people who are/may be involved in your care and support

General Practitioner

<p>Please state name, address and telephone contact details</p>	<p>Name:</p> <p>Address:</p> <p>Telephone contact details:</p> <p>Land-Line:</p> <p>Mobile:</p>
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Physiotherapist

<p>Please state name, address and telephone contact details</p>	<p>Name:</p> <p>Address:</p> <p>Telephone contact details:</p> <p>Land-Line:</p> <p>Mobile:</p>
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Speech and Language Therapist

<p>Please state name, address and telephone contact details</p>	<p>Name:</p> <p>Address:</p> <p>Telephone contact details:</p> <p>Land-Line:</p> <p>Mobile:</p>
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Occupational Therapist

<p>Please state name, address and telephone contact details</p>	<p>Name:</p> <p>Address:</p> <p>Telephone contact details:</p> <p>Land-Line:</p> <p>Mobile:</p>
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Financial Contact(s) – [Personal Budget](#) and other income streams

<p>Please state name, telephone contact details, who they represent (e.g. Local Council etc.) and how they are involved in your support (their status)</p>	<p>Name:</p> <p>Representing:</p> <p>How involved:</p> <p>Telephone contact details:</p> <p>Land-Line:</p> <p>Mobile:</p> <p>Name:</p> <p>Representing:</p> <p>How involved:</p> <p>Telephone contact details:</p> <p>Land-Line:</p> <p>Mobile</p>
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Other (Please indicate status/profession)

<p>Please state name, address, telephone contact details and how they are involved in your support (their status)</p>	<p>Name:</p> <p>Address:</p> <p>Status:</p> <p>Telephone contact details:</p> <p>Land-Line:</p> <p>Mobile:</p>
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Details of any recent hospitalisation, brief medical history and record of any disabilities. **Report any Infectious Diseases.**

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Reason that I have been referred for care and support, or have made a personal application

<p>Date of Referral, if applicable</p>
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Hearing, Understanding and Communication

<p>Describe any problems</p>

Sight

Describe any problems

Medication – what medications are you taking?

(Medications to be administered by the Company's Care/Support Worker will be detailed on the Personal Support Plan)

Name of Medication	Dosage/Instructions/Additional Information	Do you take your medicines yourself – Answer Yes or. No. If NO, who is giving the medicine to you?
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Medications – Continued

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My Mobility

Tick as appropriate

I am fully mobile	
I use a walking frame	
I use a wheelchair	
I use a cane	
A lifting hoist is in use or has been recommended	
I have a history of falls	

My Mental Health

Circle as appropriate

Orientation	Normal	Usually aware	Often unaware	Disorientated
Memory	Excellent	Good	Quite forgetful	Severe memory loss
Moods	Stable	Often anxious	Depressed	Quite unstable

Money and Finances

I need help in respect of the following tasks which require handling cash or financial transactions. Discuss your personal budget, and any other relevant income streams, and how that is working.

Daily Living – What I can do for myself and what I can't

Tick as appropriate

Activity	I need no help	I need some help, which is available already	I need the Company to supply some help – please describe what help you need and the outcomes you hope will be achieved	Is this help eligible for financial support? State Yes, No, or Don't know
Leisure Interests and Hobbies, including gardening and plant care				
Getting out and about				
Watching TV/Listening to Radio				
Reading				

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Activity	I need no help	I need some help, which is available already	I need the Company to supply some help – please describe what help you need and the outcomes you hope will be achieved	Is this help eligible for financial support? State Yes, No, or Don't know
Using the Computer				
Preparing meals				
Eating				
Washing Up				
Preparing Drinks				
Getting Dressed/Undressed			State if you must have a same-sex carer and why	
Getting into and out of bed			State if you must have a same-sex carer and why	
Bathing/Personal care, including teeth, dentures			State if you must have a same-sex carer and why	
Skin care, including make-up, cosmetics			State if you must have a same-sex carer and why	
Hair – washing and routine care				
Spirituality and Religious beliefs				
Shaving/Beard – moustache trimming				

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Activity	I need no help	I need some help, which is available already	I need the Company to supply some help – please describe what help you need and the outcomes you hope will be achieved	Is this help eligible for financial support? State Yes, No, or Don't know
Shopping				
Laundry				
Housework				
Care of House Plants, Pets				

Healthcare - What I can do for myself and what I can't

Activity	I need no help	I need some help, which is available already	I need the Company to supply some help – please describe what help you need and the outcomes you hope will be achieved	Is this help eligible for financial support? State Yes, No, or Don't know

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Activity	I need no help	I need some help, which is available already	I need the Company to supply some help – please describe what help you need and the outcomes you hope will be achieved	Is this help eligible for financial support? State Yes, No, or Don't know

About me

This is how I would describe myself....

The most important things in my life at the moment are....

This is my daily routine...

These are my preferences regarding the support I hope to be given...

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These are the relationships I most value and why..

My Goals in Life/How I would like my life to be...

The things that worry me most are...

My Likes...

My Dislikes...

Things that make me angry and upset include....

Things that are working well for me at the moment include...

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What's not working for me at the moment...

The concerns and difficulties that I have at the moment, including any concerns about financial freedom and independence...

Allergies/Phobias

These are things I like to do myself...

These are the most important outcomes for the coming year, and the things that I value the most in my life...

Advice on managing situations that may cause concern...

I would like to improve my independence in the following areas...

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Risks to my health and safety – Describe the things that concern you

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Signatures

		Date
Client	Signature:	
Client's Representative (Print Name and Relationship, if any)	Signature and Name:	
Company Representative	Name: Position: Signature:	