

Carecall Telecare Referral

DU No.

Where did you hear of the Carecall Service?	
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Applicant's full name			
Address and postcode			
Telephone		DOB	
Doctor's surgery			

Any health matters or other comments	
Can you manage your own medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Keysafe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How can we access property in an emergency?	
Outcome to be achieved	
Equipment suggested	

Name of referrer		
Telephone number		
Relationship to applicant		
Is applicant aware of referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(if no, please advise client before visit is made)
Has the applicant ever had an alarm before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the property have a telephone socket within one metre of an electric socket?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Who do we need to contact to arrange an installation date?		
Telephone number		
Relationship to applicant		

Signed		Date		Time	
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