



Home Safety Check Request Form

SECTION A

Self Referral	From Carer/Relative	From Partner/Agency	
Name of Agency/Partner			

SECTION B

If referral is via a carer or relative, consent from home occupier is required. Has the home occupier given consent for this referral?	Yes	No
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SECTION C

DETAILS OF PERSON WHO REQUIRES HOME SAFETY CHECK

Name		D.O.B.	
Address			
		Postcode	

SECTION D

BEST METHOD OF CONTACT

Occupant Name and/or name of Carer/Relative or Partner Agency worker			
Email		Text	
Telephone		Other	

SECTION E

Further Information/Comments			
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Do you / the person you are referring have any working smoke alarms?	Yes	No	
Do you / the person you are referring live alone?	Yes	No	
Are you / the person you are referring over 50?	Yes	No	
Do you / the person you are referring use a hearing aid or are hard of hearing?	Yes	No	
Do you / the person you are referring use a sight aid or have difficulty seeing?	Yes	No	
Do you / the person you are referring use mobility/walking aids to get around the house/flat?	Yes	No	
Do you / the person you are referring have any other difficulties in moving around the house/flat (such as the stairs, doors being hard to open, etc)?	Yes	No	
Do you / the person you are referring have any mental health concerns that we should be aware of?	Yes	No	
Advise: carer / relative needs to be present during the visit if person lives alone and diagnosed with dementia as occupant might not be able to retain / recall fire advice information.			
Do you / the person you are referring have alcohol dependency?	Yes	No	Not known
Do you / the person you are referring take any prescriptive drugs?	Yes	No	Not known
Do you / the person you are referring take any recreational drugs?	Yes	No	Not known
Would you / the person you are referring say access to the property is easy?	Yes	No	
Do you / the person you are referring or anyone else in the household smoke?	Yes	No	



Do you / the person you are referring have any pets that might not like strangers?	Yes	No
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How would you / the person you are referring feel if you were visited by local firefighters in a fire engine? (fine, distressed, alright, etc)	Yes	No
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Additional Information

Do you / the person you are referring have any help or support from Health or Social Care Providers? Advise: carer / relative needs to be present during the visit if person lives alone and diagnosed with dementia as occupant might not be able to retain / recall fire advice information.	Yes	No
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If 'Yes' please provide details

AGENCY USE ONLY

Do you think the person you are referring will have any difficulty understanding or retaining fire safety information? If 'Yes' we recommend a joint visit with the main carer. Please provide contact details below if different from the above.	Yes	No
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Contact details	
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Is there any information or risk that we need to be aware of before we visit? For example: Levels of hoarding, threats of arson, unpredictable behaviour. Please provide a risk assessment if one is available	Yes	No
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Agency Information/Comments