

Your Details

First Name		Last Name	
Preferred Name		Title	
Address		Post Code	
Contact Email		Phone	
GP Surgery		Date of Birth	
DCC Number		NHS Number	
Ethnicity		Identified gender	
Do you have a religion?		The type of place you live in now.	
You need support with (primary Need)		Date of assessment completion	

<p>The purpose of sharing this information is to support you and provide necessary assistance:</p>	<p><u>Keeping your information private:</u> The answers you give us will be kept confidential. <u>Sharing your Information:</u> We may need to share your information. We will only share information which is relevant and necessary. If we do, it will only be with people and organisations involved in your care such as,</p> <ul style="list-style-type: none"> - Devon county council
	<p><u>Choosing not to share your information:</u> You can choose not to share your information. If you choose not to share your information the following things may happen;</p> <ul style="list-style-type: none"> • we may not be able to help you meet your needs. <p>we can provide you with information so that you can contact the relevant organisations yourself.</p>

Who else is involved in your life? Relevant to your needs/situation

Name		Number		Relationship	
Name		Number		Relationship	
Name		Number		Relationship	
Name		Number		Relationship	

Who else would you like us to contact on your behalf?

Name	Address	Telephone	Notes

Your Situation

My interests and things that are important to me

Views and contributions from other people important to you

--

Your Physical and mental health needs

What are your main health conditions?

--

What would you like to achieve within Safebreaks Day services

The goals you would like to achieve.	Actions (Admin)

What support do you need?

Medication needs & Support

Allergies

Emergency protocols

Mobility & dexterity needs & Support

Behaviors that may challenge

How do I present on a "good day"

How do I present on a "bad day"

How best to communicate with me

Other things you should know about me

Intimate care needs

If you have discussed with day service management a need for intimate care please detail the needs and requirements you may require to support in placement planning and risk assessment. Please note there are limitations to what we can provide in this area, please contact service manager for further details.

Please Sign to agree that the information contained within this document is correct