

STAFFORDSHIRE AND STOKE SAP CONTACT ASSESSMENT FORM

NHS NO		Other Identifiers (CISS/ Care First)		
First Name(s)		Preferred Name		DOB
Last name		Other names/aliases		Title Gender M/F
Permanent Address/Location		Present location if different (eg. hospital ward)		
Post Code	Phone Number	Post Code	Phone Number	
Ethnicity	Faith	Preferred Language		
Accommodation Details - Type & Tenure				Lives alone Yes/No
Access details				
GP's Name Practice Address Phone Number		Health and safety issues		
		Allergies / Intolerances		
Significant Contacts <i>(indicate emergency contact and main carer)</i>				
Name	Address	Contact Number	Relationship/Comments	
Professionals involved or Services provided				
Name	Address	Contact Number	Start date	End date
Agreement to sharing information				
I understand that relevant information from my assessment may be shared with other agencies involved in my care. I agree to my information being shared with them on a need to know basis. <i>Yes / No</i>				
Signed		Date		
If person is unable to give agreement, give details, eg. reasons and any other people consulted				
Signed		Date		

Name

Identifier No.

Permanent or Longstanding Health Conditions or Disabilities

Interpretation/Communications/Sensory needs

Current/Previous Occupation

Person's own description of needs. **Has s/he agreed to referral?**

Reason for referral, Current diagnosis - Views of the referrer

Name of referrer

Contact details

Current involvement

Any known or potential risks to service user / carer

Action taken, including any referrals made

Additional Comments, including any recent hospital admissions and dates if known

Completed by: Name
Position
Contact details

Date completed

Date/Time received