|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Date** |  |  |  |  |  |
|  |  |  | **DD** |  | **MM** |  | **YYYY** |
| **Warm and Well Reference:****(NEA use only)** |  | **GDPR Consent for Referral Given:** | Yes [ ]  | No [ ]  |
| **Client Details** |
| **Name:** |  |
| **Address (Incl Postcode):** |  |
| **Date of Birth:** |  |
| **Telephone Number:** |  |
| **Email Address:** |  |
| **Gender:** | Male |[ ]  Female |[ ]
| **Health & Well Being** |
| **Has your client received the Flu jab this year?** | Yes | [ ]  | No |[ ]
| **Have they a Respiratory health condition? please give details:** | COPD |[ ]  **Notes:** |
|  | Asthma |[ ]   |
|  | Other Respiratory |[ ]   |
|  | None  |[ ]   |
| **Have they a Cardiovascular health condition? please give details:** | Heart condition |[ ]  **Notes:** |
|  | Angina |[ ]   |
|  | Diabetes |[ ]   |
|  | Other cardiovascular |[ ]   |
|  | None |[ ]   |
| **Do they suffer from a Mental health condition? please give details:** | Depression |[ ]  **Notes:** |
|  | Anxiety |[ ]   |
|  | Other mental health |[ ]   |
|  | None |[ ]   |

|  |  |  |
| --- | --- | --- |
| **Do they have any other chronic condition?** **please give details:** | Yes |[ ]  **Notes:** |
|  | No` |[ ]   |
| **Do they have a disability?** | Mobility problems |[ ]  **Blue Badge Holder?** |
|  | Other Disability  |[ ]  Yes  |[ ]
|  | None |[ ]  No |[ ]
|  **Is client pregnant?** | Yes |[ ]  No |[ ]  N/A |[ ]
| **Have they recently had any falls resulting in a hospital stay?** | Yes |[ ]  No |[ ]
| **Household**  |
| **Housing Status:** | Owner Occupier | Private Tenant | Social Housing | Co-Ownership Housing | TemporaryAccommo-dation  | Other |
|  |[ ] [ ] [ ] [ ] [ ] [ ]
| **Household Heating:** | Oil | Gas | E7 | Solid Fuel | LPG | Other |
|  |[ ] [ ] [ ] [ ] [ ] [ ]
|  **Approximate Income:** | Under £10,000 | Under£15,000 | Under£20,000 | Under£25,000 | Under£30,000 | Under£35,000 |
|  |[ ] [ ] [ ] [ ] [ ] [ ]
| **Benefit Details: Please list** |  |
| **Information** |
| **Reason for referral?****Client status? (e.g. married/single/cohabiting with or without children)** |  |
| **Other agency involvement:** |  |
| **NEA NI Date contacted:** |  |
| ***PLEASE RETURN COMPLETED FORMS TO:*** ***warmandwell@nea.org.uk*** |