



Lochaber

First Conversation Guided Questions

Name Address Telephone Number DOB Next of Kin/Carer Referral made by Tenure Type of Property		
1	Do you live alone? What support do you receive?	
2	What are your main concerns at the moment? (Reason for referral)	
3	What impact is this having on you/family/carer?	
4	How urgent is it?	
5	What things are you doing already to manage better?	
6	Housing Options?	

7		
8	Are there any relevant health issues or history?	
9	Are you managing activities of daily living?	
10	Have you been previously assessed or are you waiting for an assessment?	
11	What services are you currently receiving?	
12	Is there any other relevant information?	

Outcome

--

Signed:

Name:

Date:

Completed by:

Designation: Date: