

TELECARE SCREENING - Housing

Name		Date of Birth	
Home Address			
Home Telephone Number			

	YES	NO
Do you have a community alarm?		
Do you have any telecare equipment?		
Do you live alone?		
Do you feel safe in your home?		
Have you fallen before?		
If YES – How many falls have you had in the last 6 months?		
Have you ever left a tap on and forgotten about it?		
Have you ever left a pan on the hob and forgotten about it?		
Do you have a gas fire and/or gas cooker?		
If YES – Have you ever put it on and forgotten about it?		
Do you ever smoke in bed?		
Do you ever forget to take your medication?		
Have you ever gotten lost, or are you worried about getting lost, when out and about?		
Do you have problems with your memory?		
Would you agree to an assessment for telecare equipment?		

Completed by (print name)			
Designation			
Signature		Date	

To arrange an assessment please contact Rachel Taylor (Telecare OT) on 01224 788616, 07775912302 or rataylor@bonaccordcare.org

F.A.O. Rachel Taylor, Telecare OT, Community Equipment Service, Units 3 & 4 Whitemyres Avenue, ABERDEEN, AB16 6HQ