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| |  |  |  |  | | --- | --- | --- | --- | | **Actions Required / Information Given** | | | Office Use | | Care  Package / Carer Support | |  |  | | --- | --- | |  | Required | |  | Not Required | |  | Follow Up | |  |  | | Shopping/  Cleaning | |  |  | | --- | --- | |  | Required | |  | Not Required | |  | Follow Up | |  |  | | Food/ Diet | |  |  | | --- | --- | |  | Required | |  | Not Required | |  | Follow Up | |  |  | | Medication | |  |  | | --- | --- | |  | Required | |  | Not Required | |  | Follow Up | |  |  | | Life Line / Key Safe | |  |  | | --- | --- | |  | Required | |  | Not Required | |  | Follow Up | |  |  | | Equipment/  Mobility | |  |  | | --- | --- | |  | Required | |  | Not Required | |  | Follow Up | |  |  | | Home Safety/  Fire/ Security | |  |  | | --- | --- | |  | Required | |  | Not Required | |  | Follow Up | |  |  | | Benefits | |  |  | | --- | --- | |  | Required | |  | Not Required | |  | Follow Up | |  |  | | Socialising/ Transport | |  |  | | --- | --- | |  | Required | |  | Not Required | |  | Follow Up | |  |  | | Other | |  |  | | --- | --- | |  | Required | |  | Not Required | |  | Follow Up | |  |  |   **I am happy with this content and for what we have discussed to be shared with others involved in my care.** (e,g Doctor, Nurse, Social Workers, Carers, the organisations agreed by email, telephone or in person) **I agree that the care navigators can access my medical records.** | | | |
| Signature: |  | Date: |  |
| CN: |  | Surgery: |  |