|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  **Name:** |  | **NHS:** |  | **Date:** |  |

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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: |  |