**Hoarding and decluttering/deep cleaning service**

**Referral Information**

**Referrer’s Contact Details**

**Date of referral:-**

|  |  |
| --- | --- |
| **Referrer’s Name**  | **Position**  |
| **Phone:**  | **Mobile:**  |
| **Email address:**  |

**Client Details**

|  |
| --- |
| **Title: Miss Forename(s): Surname:** **Marital Status:**  |
| **Known as:**  | **Date of Birth:**  | **Phone:** **Mobile:**  |
| **Address:**  |
| **First Language: English** | **Other Languages Spoken:**  |
| **Service User Understands English? Yes No 🞎** |
| **Email:**  |
| **Religion:**  | **Ethnicity:**  |
| **Culture:** |
|  |

|  |
| --- |
| **Is this an urgent referral? YES NO 🞎****Has the property had a Safe and well visit from the fire service? YES NO 🞎****Has the Fire Service been informed if the property is heavily cluttered? YES 🞎 NO 🞎** |

# Clutter Image Rating Scale - Bedroom

**Please mark the photo number that most accurately reflects the amount of clutter in the room**

  

|  |  |  |
| --- | --- | --- |
| 1 | 2 | 3 |

  

|  |  |  |
| --- | --- | --- |
| ***4*** | ***5*** | ***6*** |

  

|  |  |  |
| --- | --- | --- |
| ***7*** | ***8*** | ***9*** |

|  |
| --- |
| **Please list any noticed fire risks:** |
| **Please indicate if escape routes/walkways are clear:** |

# Clutter Image Rating Scale - Lounge

**Please mark the box below the photo that most accurately reflects the amount of clutter in the room**

  

|  |  |  |
| --- | --- | --- |
| ***1*** | ***2*** | ***3*** |

  

|  |  |  |
| --- | --- | --- |
| ***4*** | ***5*** | ***6*** |

  

|  |  |  |
| --- | --- | --- |
| ***7*** | ***8*** | ***9*** |

|  |
| --- |
| **Please list any noticed fire risks:** |
| **Please indicate if escape routes/walkways are clear: Following the visit from the fire brigade an escape route has been made clear to enable access through the back garden in the event of a fire.** |

# Clutter Image Rating Scale – Kitchen

**Please mark the box below the photo that most accurately reflects the amount of clutter in the room**

  

|  |  |  |
| --- | --- | --- |
| ***1*** | ***2*** | ***3*** |

  

|  |  |  |
| --- | --- | --- |
| ***4*** | ***5*** | ***6*** |

  

|  |  |  |
| --- | --- | --- |
| ***7*** | ***8*** | ***9*** |

|  |
| --- |
| **Please list any noticed fire risks:** |
| **Please indicate if escape routes/walkways are clear:** |

|  |
| --- |
| **Other Special Needs – Provide details of any other special needs relating to the support they require.** |
|  |
| **Name of GP: Theobald Medical Centre Surgery Address: 121 Theobald Street, Borehamwood, WD6 4PT Phone: 020 8953 3355** |

**CONTACT INFORMATION**

|  |  |  |
| --- | --- | --- |
| **Details of Main Carer/Relative:** **Name:** **Relationship:**  | **Phone:** | **Mobile:** |
| **Address:** **Email**  |

 **SERVICE USER BACKGROUND INFORMATION**

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| --- |
| **Has Client recently been in hospital? NO****Is the client currently in hospital? NO****If YES to either question please complete the following information for the past year.** |
| **Dates of stay in hospital** | **Reason for hospital stay** |

 **Risk within property**

|  |  |
| --- | --- |
| **Please state if there is a known current infestation/history of infestation:** | **Please state if there is any known risk from sharps/needles/glass:****No known risk** |
| **Please state if there is a known risk from the structure of the property:** **No risk to structure of the property** | **Please state if there is any risk from pets/animals:****2 house cats within the property** |
| **Risk Assessment: Has a recent risk assessment been completed by referrer? YES 🞎 NO 🞎 .****If yes please provide with referral** |
| **Has client been a victim of rogue trading? NO** **distraction burglary? NO** **Mail/telephone scams? NO** |

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| --- |
| **Other Details not covered elsewhere:**   |