

Conwy & Denbighshire Unified Assessment Summary Record

NHS Number		Hospital Number		Social Service Number	
Forename			Date of birth		
Surname			Preferred language		
Preferred name			Preferred method of communication		
Birth name			Interpreter required Yes <input type="checkbox"/> No <input type="checkbox"/>		
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/>			Religion		
Marital status		Gender		Ethnicity	
Present address			Usual address (if different)		
Post code					
Telephone No.					
G.P.			Next of kin		
Name			Name		
Address			Address		
Post code			Post code		
Telephone No.			Telephone No.		
Allergies		Adverse reaction		Action needed	
Physical disability			Legal status		
<input type="checkbox"/> Physical impairment <input type="checkbox"/> Visual impairment <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Speech impairment			<input type="checkbox"/> Court of protection <input type="checkbox"/> Ward of court <input type="checkbox"/> Lasting power of attorney		
			Learning disability Yes <input type="checkbox"/> No <input type="checkbox"/>		
			Lives alone Yes <input type="checkbox"/> No <input type="checkbox"/>		
Accommodation			Tenure of property		
Bungalow <input type="checkbox"/> Flat <input type="checkbox"/> GF Flat <input type="checkbox"/> other <input type="checkbox"/> please state			Detached house <input type="checkbox"/> Semi Detached house <input type="checkbox"/> Terraced house <input type="checkbox"/> Flat in commercial building <input type="checkbox"/> Warden controlled <input type="checkbox"/> Residential home <input type="checkbox"/> Nursing home <input type="checkbox"/>		
			Owner occupier <input type="checkbox"/> Social tenant <input type="checkbox"/> Private tenant <input type="checkbox"/> Rent free <input type="checkbox"/>		
			Other relevant information Is the service user a smoker? Yes <input type="checkbox"/> No <input type="checkbox"/> Does a smoker spend significant time in the property? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name of Care Co-ordinator			Agency		
Updating Assessor		Date		Agency	
Updating Assessor					
Updating Assessor					

Contact Sheet

Patient Number	Social Services	Name	Date of Birth
Relationship	Name	Address	Tel. No.
Emergency Contact if different from next of kin			
Main Carer if different from above			
Advocate if applicable			
Landlord Details if applicable			
Dentist if applicable			
Optician if applicable			
All other people			
Relationship			
Pets		Details	

Household Composition:

Names	Relationship to person	Gender	DOB	Age
Completed by	Date	Agency		

Unified Assessment Summary - Other Professionals Involved

Hospital Number	Role	Agency Number			Name		Date of birth
		Organisation role	Date referral requested	Date involvement started	Date involvement finished	Phone number	