


REGISTRATION / RISK ASSESSMENT: ABOUT THE SOLVA CARE CLIENT

Name			
Address (inc. postcode)			
Telephone			
Email (if applicable)			
Directions to house			
Emergency contact	Name		
Mobility and transport needs			
Date of Birth:		Age today:	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
1st language	English <input type="checkbox"/>	Welsh <input type="checkbox"/>	
	Other <input type="checkbox"/>		
Referred <input type="checkbox"/>	Name of referral organisation/agency/ individual:		
Self-Referred <input type="checkbox"/>	How did you hear about us?		
Are you in contact with social services or other support?			
Any health issues?			
Are there unpaid carers in the household, or paid carers visiting?			
Has the scheme member recently experienced any major life change?	Bereavement <input type="checkbox"/>	Family moving away <input type="checkbox"/>	
	Retirement/Redundancy <input type="checkbox"/>	Divorce/separation <input type="checkbox"/>	
	Loss of a caring role <input type="checkbox"/>	Illness <input type="checkbox"/>	

What type of home is to be visited?

Bungalow		Ground floor flat		Upper floor flat		House		Static Caravan		OTHER?
Level driveway		<input type="checkbox"/>		Steps at entrance to home		<input type="checkbox"/>				
Steep driveway		<input type="checkbox"/>		Communal entrance						
Parking		<input type="checkbox"/>		with access code		<input type="checkbox"/>				
Doorbell/knocker that can be heard		<input type="checkbox"/>		Key safe with access code		<input type="checkbox"/>				
				Front door		<input type="checkbox"/>				
				Back door		<input type="checkbox"/>				
Pets (please specify):										
If there is a dog at the property, is it friendly?							YES	NO		
If there is a dog at the property and it does not react well to strangers, will the dog be confined while your volunteer is with you?							YES	NO		
Is the client a smoker?							YES	NO		