**Client’s Details**

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| --- | --- |
| **First Name(s):** |  |
| **Last Name:** |  |
| **Date of Birth:** |  |
| **Address:** |  |
| **Telephone No.:** |  |
| **Email Address:** |  |
| **Communication****Requirements/ Preferences:** |  |
| **Where did you hear about us?** |  *Website* [ ]  *Friend/ family* [ ]  *GP* [ ]  *Professional* [ ]  *Other* [ ]  |

**Referrers Details (if applicable)**

|  |  |
| --- | --- |
| **Name/Agency** |  |
| **Referrer:** |  |
| **Contact number/ email** |  |

**Please answer the following questions:**

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| --- |
| 1. **Do you have a Long-Term Health Condition?** Yes [ ]  No [ ]  If so, what is it?
2. **Are you an unpaid Carer?** Yes [ ]  No [ ]
3. **Do you have any diagnosed Mental Health Illness?** Yes [ ]  No [ ]
4. **What type of support and advice would you like to receive from this service?**
5. **Are there any immediate concerns about your health and wellbeing that you would like us to know about?** Yes [ ]  No [ ] If so, please describe.
6. **Are you receiving any health and social care support from Enfield Council**? Yes [ ]  No [ ]
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**Is there any other information we need to be aware of?**

*(e.g., risks, safeguarding, etc)*

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