**Technology Enabled**

**Supports Self-Referral Form**

 Title: Secondary key holder name:

Name:

Address: Secondary key holder address:

Post Code: Telephone Number:

Date of birth: Relationship to you:

Telephone Number: Third key holder name:

Other telephone number:

 Third key holder address:

Name of GP (family doctor) surgery:

 Telephone Number:

GP address: Relationship to you:

 GP telephone number:  **Property details**

**You must have 3 local key holders or**

**2 local key holders and a key safe in situ. Please tick which one applies:**

 South-Ayrshire council tenant

 Private tenant

 Sheltered Housing

 Other

**A key holder is someone that you trust**

**to hold a spare key for you. They need**

**to be available 24 hours per day and live**

**no more than a 15 minute drive from**

**your home.**

Primary key holder name:

Primary key holder address: **Do you have a key safe?**

 Yes No

Telephone Number:

Relationship to you:

  **Falls information If you are referring on behalf**

 **Have you had a fall in the last 12 of someone else, what is your**

 **months? relationship to the person?**

Yes No

 **family member**

 **Have you fallen more than once in**

 **the last 12 months? health professional**

Yes No **power of attorney (POA)**

 **Do you have unsteadiness on your feet welfare guardian**

 **or have difficulties with your walking**

 **or balance?** Name:

Yes No Address:

 **Has the referrer observed any**

 **unsteadiness or difficulties?**

Telephone Number:

Yes No

 **Did you experience a blackout when** If youdo not have POA or welfare

 **you fell or did you find yourself on** guardianship you must have the

 **the ground and didn’t know why?** person’sconsent that you are referring.

Yes No A charge of £4.41 per week is

applicable for this service. The cost will

 **Have you had any difficulties carrying** be reviewed on a yearly basis.

 **out your usual activities since you**

 **fell?**

Yes No

 **Please add any additional information**

 **below.**

**Please return to:**

**Telecare,**

**10 Wellington Square**

**Ayr**

**KA7 1HL**

**Tel. 01292 880929**

**Note: it is essential to have a landline**