Thurrock Council

Self-assessment for equipment and minor adaptations

Section 1 – personal details – you must complete this section

Title	☐ Mr ☐ Ms ☐ Miss ☐ Mrs ☐ Other: _____		
Forename(s)			
Surname			
Height		Weight	
Address, including postcode			
Date of birth			
Preferred phone number		Other phone number	
Email address			
Next of kin name			
Next of kin relationship			
Next of kin phone number			
GP name			
GP phone number			
GP address, including postcode			

Section 2 – home and household details – you must complete this section

Type of accommodation	☐ House ☐ Flat – specify level: _____ ☐ Bungalow ☐ Other – specify: _____
Property type	☐ Home owner ☐ Thurrock Council ☐ Private landlord – please give details below ☐ Housing Association – please give details below ☐ Other – please give details below
Owner's details – name, address, phone number	
Do you live alone	☐ Yes ☐ No – please give details below
Household details – name, relationship, age of people living with you	

Thurrock Council

Self-assessment for equipment and minor adaptations

Section 3 – about your general health – you must complete this section

Do you have any ongoing medical conditions or chronic / life limiting illnesses?	☐ Yes	☐ No
Do you have difficulty doing things because of injury, pain and / or weakness in one or both of your arms / your legs?	☐ Yes	☐ No
Do you have any difficulty with your memory?	☐ Yes	☐ No
If you answered 'Yes' to any of the above, please give brief details below. We would like to know about your medical conditions / illness / disabilities, how they cause you difficulty with everyday tasks, and how long you have had these difficulties.		
Have you been in hospital in the last 12 months?	☐ Yes	☐ No
If 'Yes', please tell us which hospital you went to, why you were there, what treatment you received or expect to receive and the date you returned home?		
Have you had any falls in the last 6 months?	☐ Yes	☐ No
If 'Yes', please tell us where and why?		
Did the fall result you going to hospital?	☐ Yes	☐ No

Thurrock Council

Self-assessment for equipment and minor adaptations

Section 7 – getting on and off your toilet and / or getting to your toilet

We may be able to give you a raised toilet seat, a toilet frame, a toilet frame with a seat attached or grab rail near your toilet so it is easier to get in and out of it.

Do you think it would help if your toilet seat was higher?	☐ Yes	☐ No
Please tell us which height toilet seat you would like – state whether in inches or centimetres and refer to section 2a of the guidance		
Do you think it would help if you had a toilet frame around your toilet? Please refer to section 2b of the guidance	☐ Yes	☐ No
Do you think it would help if had raised toilet seat and a frame around your toilet? Please refer to section 2b of the guidance	☐ Yes	☐ No
What option would you prefer?	☐ Toilet frame with separate raised toilet seat ☐ Toilet frame with attached toilet seat	
Do you think it would help if you had a grab rail on the wall next to your toilet?	☐ Yes	☐ No
Do you think a grab rail can be fixed to your wall safely? If your wall is not of brick, we may not be able to fit a grab rail	☐ Yes	☐ No
When you are facing the toilet, what side of the toilet would you like the grab rail?	☐ Right ☐ Left ☐ Both	
How many toilets do you have in your home?		
Would you like the same equipment / adaptations for all?	☐ Yes	☐ No
If 'No', please tell us what you would like for the second toilet?		

We may be able to give you a commode if you are having difficulty getting to your toilet.

Do you think a commode would help? Please refer to section 3a of the guidance	☐ Yes	☐ No
Do you think you will you need help to empty the commode?	☐ Yes	☐ No
When you stand, are you able to get up using both arms evenly?	☐ Yes	☐ No
Please tell us the height you would like the commode – state whether in inches or centimetres and refer to section 3a of the guidance		

Thurrock Council

Self-assessment for equipment and minor adaptations

Section 12 – other information or comments

Please provide any other information or comments you feel would be beneficial

Thurrock Council

Self-assessment for equipment and minor adaptations

Section 13 – signing the form – you must complete this section

I have read the guidance available and the information I have given is an honest view of my situation, true to the best of my knowledge. I understand I will be provided equipment and / or minor adaptations based on the information I have provided and accept responsibility for incidents resulting from inaccurate information I may have given.

Name			
Signature		Date	

Has someone helped you to complete this form? ☐ No ☐ Yes – please give details below.

Name of person who has helped you			
Relationship to you			
Signature		Phone	
Reason why you asked for help in completing the form			
Do they have lasting power of attorney for your health and welfare?		☐ Yes	☐ No

Consent to contact your GP or other health professional

It may be necessary for us to contact your GP or other health professional – for example, a nurse or physiotherapist – to better understand your difficulties and support your request. Please provide the name, address and contact details of any other health professional you think would be able to help your request.

Name	
Address	
Phone number	
Name	
Address	
Phone number	

☐ I give my consent for information to be shared about me

Name			
Signature		Date	

Thurrock Council

Self-assessment for equipment and minor adaptations

Section 14 – sharing information agreement – you must complete this section

In order to fully understand your situation, it will be essential to discuss with some other agencies and people what they know about you. We will only ask them about matters that concern your health and care needs. This could include your financial circumstances if this is affecting you or your family's wellbeing. It may also be necessary to share with them information we have about you – we need your permission to do so.

The following are the agencies and people who generally are able to help. By completing and signing this form you agree to us using and sharing your information in this way, including the collection of your NHS number to help us provide efficient and targeted services to you.

- social services departments
- general practitioner
- hospital staff
- nursing staff
- community health staff
- friends/relatives
- housing department
- benefits agency
- others as relevant to your care

Is there anyone you specifically do not want us to share your information with?	
Is there any particular information you do not want us to share with anyone?	

We may need to share information about you without your prior consent in certain circumstances, such as in an emergency to protect your health and safety, or to assist the police with crime prevention. We will only share information without your consent when the law allows us to.

If you would like to change the permissions you have given us here, you must contact us so that we can update our records. We will discuss this again with you at your next review.

Name			
Signature		Date	

Person acting on behalf of service user, if applicable	
What authority do you have?	
Address, including post code	

Office use only

☐ Information regarding access to client files given		
☐ Information regarding complaints procedures given	Date	
Officer name, completing form with service user		
Officer job title		

Thurrock Council

Self-assessment for equipment and minor adaptations

Section 15 – equalities monitoring – you must complete this section

Equalities monitoring helps us to understand how different sections of the community use our services. We collect this information solely for counting statistics, so we can check for inequalities and take action where it's needed. If you would rather not answer these questions, please select 'prefer not to say'.

Gender – are you:

- ☐ female
- ☐ male
- ☐ gender neutral
- ☐ transgender
- ☐ prefer not to say
- ☐ other: _____

Age – are you:

- ☐ 17 years-old or under
- ☐ 18 to 24 years-old
- ☐ 25 to 34 years-old
- ☐ 35 to 44 years-old
- ☐ 45 to 59 years-old
- ☐ over 60 years-old
- ☐ prefer not to say

Ethnicity – are you:

- ☐ Asian – Arab
- ☐ Asian – Bangladeshi
- ☐ Asian – Chinese
- ☐ Asian – Indian
- ☐ Asian – Pakistani
- ☐ Black – Black African
- ☐ Black – Black Caribbean
- ☐ White – White British
- ☐ White – White Irish
- ☐ Mixed – Asian and White
- ☐ Mixed – Black African and White
- ☐ Mixed – Black Caribbean and White
- ☐ Traveller – Gypsy
- ☐ Traveller – Irish Traveller
- ☐ Traveller – Romany
- ☐ prefer not to say
- ☐ other: _____

Thurrock Council

Self-assessment for equipment and minor adaptations

Disability – if you are disabled, is your impairment:

- ☐ hearing
- ☐ hidden impairment
- ☐ learning disability
- ☐ long term medical condition
- ☐ mental health
- ☐ mobility – a wheelchair user
- ☐ mobility – not a wheelchair user
- ☐ speech
- ☐ visual
- ☐ none
- ☐ prefer not to say
- ☐ other: _____

Sexual orientation – are you:

- ☐ bisexual
- ☐ gay man or lesbian
- ☐ heterosexual (straight)
- ☐ prefer not to say
- ☐ other: _____

Religion or faith – is your religion or faith:

- ☐ Baha'i
- ☐ Buddhism
- ☐ Christianity
- ☐ Hinduism
- ☐ Islam
- ☐ Judaism
- ☐ Sikhism
- ☐ Taoism
- ☐ no religion
- ☐ prefer not to say
- ☐ other: _____

Preferred language – is your preference:

- ☐ written
- ☐ spoken

Thurrock Council

Self-assessment for equipment and minor adaptations

Thank you for taking the time to complete your self-assessment.

Please post or email your self-assessment form to either:

- Thurrock First, Thurrock Council, Freepost ANG 1611, Grays, RM17 6SL
- thurrock.first@thurrock.gov.uk

How we will use your information

We will use your information to provide the service requested. We may share your personal data between our services and with partner organisations, such as government bodies and the police. We will do so when it is of benefit to you, or required by law, or to prevent or detect fraud. To find out more, go to thurrock.gov.uk/privacy. Get free internet access at libraries and community hubs.

Decision – office use only

Agreed	☐ Yes ☐ No
Reasoning	
Duty Occupational Therapist name	
Signature	
Date	