

# Safe & Well Visit Referral

Partner ID no. **3334**

PLEASE COMPLETE IN BLOCK CAPITALS

USE BLACK INK ONLY

## Person making Referral

Name: \_\_\_\_\_ Organisation: \_\_\_\_\_  
Relationship to Occupier: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## Customer

Consent given by occupier for Safe & Well visit to be carried out ☒

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ DOB: \_\_\_\_\_

## Person to Contact

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Relationship to Occupier: \_\_\_\_\_

## Please answer the following questions:

Joint Visit Required ☒

Are there any occupiers over the age of 65? **Yes / No**  
Are there any occupiers who smoke in the property? **Yes / No**  
Are there any working smoke detectors in the property? **Yes / No**  
Are there any occupiers who may have difficulty responding to an emergency  
e.g due to mobility / visual / hearing impairment? **Yes / No**  
Has the occupier had a fire before? **Yes / No**  
Occupier is in receipt of one or more benefit? **Yes / No**

## Following to be asked by Health Professionals / Carers Only:

Is there evidence of previous fires, including cigarette burns? **Yes / No**  
Are there any occupiers who have learning disabilities? **Yes / No**  
Are there any occupiers who have mental health conditions? **Yes / No**  
Do any of the occupiers receive palliative care? **Yes / No**  
Are there any occupiers with drug or alcohol dependencies? **Yes / No**  
Is there evidence of disorganized living, excessive or dangerous storage? **Yes / No**

## Comments

(Language / Disabilities / Password / Other Risk Factors / Reason for Joint Visit etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Partner agencies must ensure any processing of personal data for which they are responsible complies with the Data Protection Act 1998 and Freedom of Information Act 2000.

Return Via: **Email:** home.safetycentre@wmfs.net

**Fax:** 0121 380 7201

**Freephone:** 0800 389 5525



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WEST MIDLANDS FIRE SERVICE

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