

# Health Through Warmth

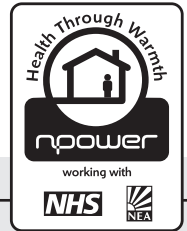
## Referral Forms



# Health Through Warmth Referral Form

HTW Referral No.  
(For admin use only)

PLEASE PRINT ALL DETAILS IN BLOCK CAPITALS



## 1. CLIENT INFORMATION

Client name and address (the person with health condition)

MR JAMES JOHNSON

24, THE RIDGES, WEDNESFIELD, WOLVERHAMPTON.

Postcode WV10 9ST

Date of Birth 1 0 / 0 6 / 1 9 3 0

Day Tel 01902 610432

Mobile

Language Written ENGLISH

Spoken ENGLISH

Interpreter required Yes  No

Cold/damp related illness or health condition

SUFFERS FROM CHRONIC BRONCHITIS IN THE WINTER.  
RECENTLY HAD A STROKE CAUSING LOSS OF USE OF LEFT  
SIDE OF BODY.

In relation to illness/health condition specified

No. of GP visits in the last 12 months 6

No. of Hospital visits in the last 12 months 1

## 2. HOUSEHOLD INFORMATION

(the name on deeds/rent book)

Householder's name

MR JAMES JOHNSON

Current occupation

RETIRED

Previous occupation

CAR ASSEMBLY WORKER

Date of Birth 1 0 / 0 6 / 1 9 3 0

Please tick any of the following benefits the householder currently receives:

Income Support

Housing Benefit

Council Tax Benefit  
(not single occupancy reduction)

Income-based Jobseeker's Allowance

Benefit Check required?

Other household members

MRS E JOHNSON

Current occupation

RETIRED

Previous occupation

NURSE

Enter number of people in each age category  0-4  5-15  16-25  26-60  61-74  75+

If children under the age of 16 are living in the property, please give the date of birth for the youngest child DD / MM / YYYY

Other family/household information (State illness of any other family members in the household)

MRS JOHNSON SUFFERS FROM ARTHRITIS

3rd party contact name and address (title, initial and surname)

MR D JOHNSON

18, NORMAN ROAD,

WOLVERHAMPTON. Postcode WV10 OHA

Relationship to client SON Tel 01902 601913

## 3. PROPERTY INFORMATION

Property type  Detached  Semi  Terraced  Bungalow  Flat Number of bedrooms 3

Tenure  Owner occupier  Privately rented  Rented from Local Council  Rented from Housing Association

Is there a working smoke alarm?  Yes  No

Is there central heating?  Yes  No

Does the central heating work?  Yes  No  Sometimes

Landlord's details

N/A

If no central heating, state appliances that heat the property and locations?

1 GAS FIRE IN THE LIVING ROOM

Other relevant property information (e.g. boiler broken, no loft insulation)

LOFT INSULATION 20 YEARS OLD. NOT SURE IF  
THERE IS ANY CAVITY WALL INSULATION.

I certify that the information in the referral form is true and correct.  
By giving the information above I consent to my personal and sensitive personal data (including my health condition) to be provided to, used and stored by npower Health Through Warmth employees, representatives and any other appropriate person in order to process this referral form in line with the npower Health Through Warmth Scheme. Where my referral form contains information about any third parties health condition I have their consent to disclose their details. I also accept that I may be contacted in relation to any npower Health Through Warmth Scheme activities.

Client's signature J. Johnson

Date 01/12/2005

Referral made by

Full name JULIE CONNOR Job title OCCUPATIONAL THERAPIST

Organisation WOLVERHAMPTON SOCIAL SERVICES

Work address SUNDOWN ROAD

WOLVERHAMPTON, WV6 4NT

Telephone 01902 555 123

Fax 01902 555 001

Mobile /

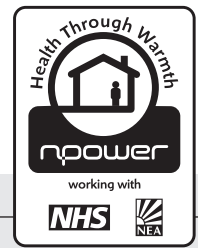
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## 1. CLIENT INFORMATION

Client name and address (the person with health condition)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_

Date of Birth   /   /

Day Tel

Mobile

Language Written  Spoken

Interpreter required Yes  No

Cold/damp related illness or health condition

In relation to illness/health condition specified

No. of GP visits in the last 12 months

No. of Hospital visits in the last 12 months

## 2. HOUSEHOLD INFORMATION

Householder's name (the name on deeds/rent book)

Householder's name  Current occupation  Previous occupation

Please tick any of the following benefits the householder currently receives:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Income Support  | <input type="checkbox"/> Child Tax Credit<br>(with a household income of less than £15,460)   | <input type="checkbox"/> War Disablement Pension<br>(which must include a mobility supplement or constant attendance allowance) |
| <input type="checkbox"/> Housing Benefit   | <input type="checkbox"/> Working Tax Credit<br>(with a household income of less than £15,460) | <input type="checkbox"/> Industrial Injuries Disablement (which must include a constant attendance allowance)                   |
| <input type="checkbox"/> Council Tax Benefit<br>(not single occupancy reduction) | <input type="checkbox"/> Attendance Allowance   | <input type="checkbox"/> Pension Credit *(delete as applicable)<br>*Guarantee Credit/Savings Credit                             |
| <input type="checkbox"/> Income-based Jobseeker's Allowance                      | <input type="checkbox"/> Disability Living Allowance  |   |
| <input type="checkbox"/> Benefit Check required?                                 |   |   |

Other household members  Current occupation  Previous occupation

Enter number of people in each age category  0-4  5-15  16-25  26-60  61-74  75+

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3rd party contact name and address (title, initial and surname)  
  
  
Relationship to client \_\_\_\_\_ Postcode \_\_\_\_\_  
Tel \_\_\_\_\_

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Client's signature \_\_\_\_\_

Date \_\_\_\_\_

Referral made by

Full name \_\_\_\_\_ Job title \_\_\_\_\_

Organisation \_\_\_\_\_

Work address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_