

## Form to request a Continuing Healthcare Checklist

### 1 Personal details about the individual to be assessed

Name	
Date of Birth	
NHS Number	
Current Address	
Name and address of GP	

### 2 Patient's assessment history

Has the person above had any of the following assessments undertaken? (please delete as appropriate)

- |   |  |        |
|---|--|--------|
| • | CHC Checklist                          | Yes/No |
| • | Continuing Healthcare (CHC) Assessment | Yes/No |

If yes, please provide the relevant dates:

### 3 Information regarding professionals currently involved in patients care. (This will help us decide who is best placed to undertake a checklist)

Is the person named above currently known to a Social Worker/ Care Manager? If yes, please provide their contact details

Does the person name above receive financial support from a Council towards their care? If yes, please provide details of which Council they are supported by.

Is the person named above currently known to the District Nursing Service? If yes, please provide their contact details

Details of other health / social professionals involved in the persons care (e.g. Mental Health team, palliative care team, Occupational Therapist, Physio). Please provide their contact details

## 4 Applicant information – information about you

Name	
Address	
If you are not the patient what is your relationship with patient	
Telephone Number	
Mobile	
E-mail address	

If you are not the patient, are you the patient's next of kin?

If yes, do you have any legal authority to make this request on behalf of the individual? (Holder of Enduring Power or Attorney registered with the Court of Protection, receiver appointed by the Public Guardianship Office of the Court of Protection, a Person appointed by the Court of Protection, holder of Lasting Power of Attorney registered with the office of the Public Guardian). Please attach a copy.

## 5 Signature

Signature.....

Date.....

Please complete as fully as possible and if you require additional space continue on separate paper.

The form should be returned to Bexley's CHC Team – [bexleychc@nhs.net](mailto:bexleychc@nhs.net), Continuing Healthcare Team, Civic Offices, 2<sup>nd</sup> Floor West, 2 Watling Street, Bexleyheath, Kent, DA6 7AT