

# BCC - Making Space Referral Assessment

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Service User Name:

DOB:

Address:

Telephone Number:

Ethnic group:

Completed by:

Date of completion:

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## Health Conditions:

## Cognitive, perceptual & psychological:

## Social Support: (Formal / Informal)

## Functional mobility (use of any aids)

Activity tolerance:

Transfers (bed, chair, toilet):

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## Home situation

Lives alone  Lives with spouse  Lives with family  Other Specify:.....

Type of accommodation & ownership:

Sleeps:

Upstairs

Downstairs

Toilet:

Upstairs

Downstairs

Outside

Bathroom:

Upstairs

Downstairs

Outside

Heating System:

Central Heating

Storage heaters

Gas fires

## Home environment

Floor coverings:

Lighting:

Key safe: Yes  No

Pendant alarm: Yes  No

Smoke Alarm: Yes  No

Telephone: Yes  No

Doorbell/ alert system: Yes  No

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## Cluttering Problems

### Front / Back / Internal (stairs) access:

The clutter prevents essential works to the home from being carried out: Yes  No

The clutter prevents discharge from hospital: Yes  No

The clutter prevents a move to more appropriate accommodation: Yes  No

### Fire Risk:

### Falls History:

The clutter obstructs essential pathways / constitute a tripping hazard: Yes  No

Falls in the last 6 months:

Risk of Eviction: Yes  No

Environment Health Involvement: Yes  No

Pests: Yes  No

<b>Activities of daily living</b>				
Please indicate to what extent clutter interferes with the client's ability to do the following				
<b>Activity of daily living</b>	N/A	Can do	Can do with difficulty	Unable to do
Prepare food				
Use refrigerator				
Use stove				
Use Kitchen Sink				
Eat at table				
Move around inside the house				
Exit home quickly				
Access Toilet				
Access bath / shower				
Access bathroom sink				
Answer door quickly				
Sit in Sofa / Chairs				
Sleep in bed				
Clean the house				
Do Laundry				
Find Important things (e.g. bills)				

**Comments:**

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## Mental Health and Wellbeing

Do you feel the number of possessions in your home is problematic for you?

Thinking about your home environment, is anything causing you distress at the moment?

What are your priorities for change?

If your living environment were different, what could you then do? what could you no longer do?

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Smoke alarm		
Is there a working smoke alarm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, do you give permission for Making Space to make a referral for you to Avon Fire & Rescue?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Urgent Repairs		
Are there any obvious repairs that need carrying out at the property	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please indicate the needed repairs:		

