

[illegible]

Please tell us what we need to know about you in order to best support you while using our day service.

Do you consider yourself to have a learning difficulty and/or disability and/or health condition? Yes ☐ No ☐
If yes, please tick all that apply from the options below:

Visual Impairment		Severe learning difficulty		Speech, language and communication needs	
Hearing Impairment		Dyslexia		Other physical disability	
Disability affecting mobility		Dyscalculia		Other specific learning difficulty (e.g. Dyspraxia)	
Profound complex disabilities		Autism spectrum condition		Other medical condition (e.g. epilepsy, asthma, diabetes)	
Social and emotional difficulties		Asperger's syndrome		Other learning difficulty	
Mental Health difficulty		Temporary disability after illness/accident		Other disability	
Moderate learning Difficulty		Down's syndrome		Prefer not to say	

Do you have any allergies? Yes ☐ No ☐ (if yes please give details below)

Do you have any dietary restrictions? Yes ☐ No ☐ *(if yes please give details below)*

Do you have any other health needs that we should be aware of? Yes ☐ No ☐ *(if yes please give details below)*

Behaviour

Do you have any triggers for challenging behaviour? Yes ☐ No ☐ *(if yes please give details below)*

What de-escalating strategies help you stay calm and/or diffuse the situation?

Communication

What is your preferred communication (verbal Makaton, Braille, etc)?

Do you have any communication support needs? Yes ☐ No ☐ *(if yes please give details below)*

Support needs

Do you require any assistance with routine functions (i.e. going to the toilet, mobility, doing certain activities)?

Yes ☐ No ☐ *(if yes please give details below)*

Risk assessment

Do you have a risk assessment? Yes ☐ No ☐

If yes are you willing to share it with us? Yes ☐ No ☐

Wellbeing

Do you have any fears/phobias or dislikes that we should know about? Yes ☐ No ☐ *(if yes please give details below)*

Further information

If there is any other information you think we may need to know please write details below:

Please continue on the back page if additional space is needed.

Signatory details

Name: _____ Date: _____

Signature:

Please tick one of the following:

☐ I am the client

☐ I am the client’s Carer/Parent

☐ I am the client’s Care Manager

☐ I am the client’s Key worker

☐ I am the client’s Residential Care Provider

FOR OFFICE USE ONLY:

Harrogate Skills 4 Living

Receiving Officer Signature:.....Date of Agreement:.....