

Oracle Home Care – New Client Application & Risk Assessment Form

Please complete this form if you are interested in receiving domiciliary care services from Oracle Home Care. The information you provide will help us create a personalised care plan tailored to your needs. All data will be handled confidentially in line with GDPR.

1. Client Details

Full Name

Date of Birth

NHS Number (if known)

Address

Phone Number

Email Address

Preferred Contact Method

2. Emergency Contact

Name

Relationship to Client

Phone Number

Email Address

Power of Attorney? Yes No

3. GP & Medical Details

GP Name

Surgery Address

Phone Number

Medical Conditions/Diagnoses

Current Medications

Known Allergies/Sensitivities

Dietary Requirements

Recent Admissions/Treatments

4. Support Requirements

Please tick the support you require:

Support Type	Tick
Personal Care (washing, dressing, toileting)	
Medication Support	
Meal Preparation & Feeding	
Household Tasks (cleaning, laundry, etc.)	
Mobility Support / Moving & Handling	
Companionship / Social Engagement	
Behavioural Support (e.g. autism, ADHD)	
Respite Support	
Overnight / Waking Night Care	
Communication Support (PECS, Makaton)	
Emotional or Mental Health Support	
Community access / appointments	
Other:	

Preferred Days/Times for Support: _____

Preferred Staff Gender: Male Female No Preference

Languages / Communication Needs: _____

Religious or Cultural Preferences: _____

5. Home Environment Risk Assessment

Environment / Risk	Tick
Flat/House with stairs	
Ground Floor only	
Lift available	
Key Safe installed (Code:)	
Clutter / Hoarding	
Pets in the home	
Unsafe flooring / carpets	
Poor lighting	
Risk of falls	
Unsafe electricals / appliances	
Smoking in home	
Other vulnerable persons in property	
Aggression / challenging behaviour	
Risk of self-harm / harm to others	
Fire safety concerns	
Medication storage concerns	
Adaptations/Mobility Aids in Use: _____	
Other Environmental Risks Noted: _____	

6. Consent & Permissions

Consent Description	Tick
I consent to care staff entering my home to provide support.	
I consent to Oracle Home Care storing and using my data for care purposes.	
I consent to medication support as per my care plan.	
I consent to photographs for records (not for marketing).	
I consent to information sharing with health/local authorities.	
I give permission for emergency treatment if I cannot consent at the time.	

Client/Representative Signature:

Print Name: _____

Date: _____

7. Equality & Diversity Monitoring (Optional)

Category	Response
Ethnic Background	
Religion or Belief	
Sexual Orientation	
Disability (if any)	
Gender Identity	

Thank you for completing this form. A member of the Oracle Home Care team will be in touch to arrange a personalised consultation.