



Please complete this referral form with as much detail as possible.

Date: _____

Your Clients Details

Male Female

D.O.B: _____

First Names: _____

Surname: _____

Contact Number(s): _____

Current Address:

Post Code: _____

Previous Address(s) (Last 5 years):

Post Code: _____

Is the property:

Owner Occ Private Rent Housing Assoc (Landlord's Details if known)

Are there working smoke alarms;

Yes No Not Known

Is your client a:

Smoker Non Smoker Not Known

Does your client smoke where they sleep (location/bed size)?

Does your client cook for themselves eg: use a chip pan?

Referrers DETAILS

Name: _____

Job title: _____

Organisation name & address:

Your phone number(s): _____

Your email address: _____

Are you available for a joint visit? It is preferred the referrer attends with the CRO however, if you are unable to attend please suggest someone who can attend and is aware of the situation.

NB: CDDFRS always prefer joint visits with the Referrer.

Questions for Referral to answer:

1. Are there any known risks, hazards or concerns around the person or location/building, that our staff should be aware of, OR that would dictate them NOT to do a lone visit? Covid 19 symptoms?

2. Please give details of any known medical health conditions including, mental health and mobility issues.

3. Please give details of all services who are currently engaged with your client.

4. Does your client live alone?

5. Does anyone else living at the property smoke?

6. Please clearly explain what the desired outcome(s) is/are, that you want from the fire service visit to this person. (Note that this predominately should be fire related).

7. Are there any concerns around the levels of cleanliness in the property? If so, what are they?

Once this form is complete, please return to: csenquiries@ddf.fire.gov.uk

If you require further assistance, please call 0345 2234221

CONFIDENTIAL WHEN COMPLETE