

PLEASE NOTE: An emailed template of this form can be requested to enable Electronically mailed referrals to be made to SAB. info@sab.gb.com



SUTTON ASSOCIATION FOR THE BLIND
3 Robin Hood Lane, Sutton, Surrey, SM1 2SW
Tele/Fax: 020 8409 7166 E-mail: info@sab.gb.com

SAB Info sent:
Carer's letter sent:

ENQUIRY FORM

Date: _____ **Enquiry by:** _____
Telephone: (H) _____ **E-mail:** _____
Relationship to Service User: _____
Does service user know of enquiry? Yes/No _____
Enquiry taken by: _____

CORE DETAILS			
Name:		Male/Female	Title:
Address:			
Post Code:	Tel. No:	DOB:	
Marital Status:	Is English first language? If No, specify: (please complete ethnicity overleaf)		
Eye Condition:			
Registered Blind:	Yes/No	Date Registered:	
Registered Partially Sighted:	Yes/No	Date Registered:	
Does Person Use Hearing Aid?	Yes/No	Details of Hearing Loss:	
Does the person have other disabilities?	Yes/No	Please Specify:	
Other Medical Conditions:	Sighted Guide/Assistance Required:	Walking Aids Used (sticks/frame/wheelchairs etc.):	
Is Personal Care Required:			
GP:		GP Tel:	
Lives Alone –Yes/No	Next of Kin: Relationship: Tel. No: Carer's Name (not paid carer): Tel. No:		
Communication Preferred – Please Indicate: Tape / Very Large Print / Braille / E-mail – Please Give E-mail Address:			
REASON FOR REFERRAL / SERVICE REQUESTED			
Has the client had a Home Fire and Safety check or been invited to have one?			

ETHNICITY MONITORING

We would be grateful if you would kindly help us by answering a few questions regarding ethnicity. We fully understand if you choose not to do so.

Do you consider yourself to be:

WHITE:	British:	Yes / No
	Irish:	Yes / No
	Any other white background:	Yes / No
ASIAN OR ASIAN BRITISH:	Indian:	Yes / No
	Pakistani:	Yes / No
	Bangladeshi:	Yes / No
	Any other Asian background:	Yes / No
MIXED:	White and black Caribbean:	Yes / No
	White and black African:	Yes / No
	White and Asian:	Yes / No
	Any other mixed background:	Yes / No
BLACK OR BLACK BRITISH:	Caribbean:	Yes / No
	African:	Yes / No
	Any other black background:	Yes / No
CHINESE OR OTHER ETHNIC GROUP:	Chinese:	Yes / No
	Any other background:	Yes / No
Do not wish to respond:	<input type="checkbox"/>	