LION HEALTH

House Visit/Housebound Status Request Form

Please complete this form if you would like the practice to consider whether you meet the criteria for housebound status and home visiting services.

Patient Details

Full Name: _____ Date of Birth: _____

NHS Number (if known): _____

Address: _____

Telephone Number: _____ Email Address (optional): _____

About Your Mobility

1. Are you currently able to leave your home?

☐ Yes, independently ☐ Yes, with assistance from another person

☐ Yes, using mobility aids (e.g. walking frame, wheelchair, mobility scooter) ☐ No

2. If you are able to leave your home, how do you usually travel to appointments or other locations? (Please tick all that apply)

☐ Walking ☐ Family member or friend drives me ☐ Taxi ☐ Community transport

☐ Public transport ☐ Mobility scooter/wheelchair ☐ Other: _____

☐ I am unable to travel

3. How often do you leave your home?

☐ Daily ☐ Several times per week ☐ Weekly ☐ Less than once per week ☐ Rarely ☐ Never

4. What activities are you able to leave your home for? (Please tick all that apply)

☐ GP or hospital appointments ☐ Shopping ☐ Visiting family or friends ☐ Hairdresser/barber

☐ Religious services ☐ Social activities or clubs ☐ Exercise or walks

☐ Other: _____ ☐ I do not leave my home

5. Please describe why you feel you are unable to attend the surgery (if applicable):

_____

_____

_____

_____

6. Do you currently receive support from any of the following?

☐ Family or friends ☐ Carer ☐ District Nurse ☐ Social Services ☐ Community Mental Health Team ☐ Other: _____ ☐ None

Additional Information

Please provide any further information you would like the practice to consider:

_____

_____

Declaration

I would like to request (tick as appropriate):

1) Housebound Status (please provide date from _____)
2) Temporary Housebound Status (please provide date from _____and to _____)
3) No Longer Housebound Status (to be used if previous housebound or temporary housebound status has been granted).

I confirm that the information provided on this form is accurate to the best of my knowledge. I understand that housebound status is assessed according to clinical need and that completing this form does not automatically mean that housebound status or home visits will be approved. If housebound/temporary housebound status is approved I understand that I am obliged to inform the surgery of any changes to my ability to attend the surgery.

Patient Signature: _____ **Date:** _____

If completed by a representative:

Name: _____ **Relationship to Patient:** _____

Signature: _____ **Date:** _____

What happens next?

We will review the information you have provided alongside your medical records and any relevant supporting information. You will be informed of the outcome once the review has been completed. If you disagree with the decision, you may request a further review by contacting the practice and providing any additional information you would like us to consider.

Practice Use Only……

Date Received: _____ Reviewed By: _____ Review Date (if applicable): _____

☐ Housebound status approved ☐ Further assessment required

☐ Housebound status not approved ☐ Temporary Housebound Status granted

☐ Temporary Housebound Status not granted ☐ No Longer Housebound status added