

## NHS Continuing Healthcare Checklist

### Please highlight the outcome indicated by the checklist:

1. Referral for full assessment for NHS continuing healthcare is necessary.

or

2. No referral for full assessment for NHS continuing healthcare is necessary.

(There may be circumstances where you consider that a full assessment for NHS continuing healthcare is necessary, even though the individual does not apparently meet the indicated threshold. If so, a full explanation should be given.)

### Rationale for decision

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**Name(s) and signature(s) of assessor(s)**

**Date**

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**Contact details of assessors (name, role, organisation, telephone number, email address)**

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About you – equality monitoring

Please provide us with some information about yourself. This will help us to understand whether everyone is receiving fair and equal access to NHS continuing healthcare. All the information you provide will be kept completely confidential by the Clinical Commissioning Group. No identifiable information about you will be passed on to any other bodies, members of the public or press.

**1** What is your sex?  
Tick one box only.

Male

Female

Transgender

**2** Which age group applies to you?  
Tick one box only.

0-15

16-24

25-34

35-44

45-54

55-64

65-74

75-84

85+

**3** Do you have a disability as defined by the Disability Discrimination Act (DDA)?  
Tick one box only.

The Disability Discrimination Act (DDA) defines a person with a disability as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities.

Yes

No

**4** What is your ethnic group?  
**5** What is your religion or belief?  
Tick one box only.

Tick one box only.

**A White**

British

Irish

Any other White background, write below

**B Mixed**

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed background, write below

**C Asian, or Asian British**

Indian

Pakistani

Bangladeshi

Any other Asian background, write below

**D Black, or Black British**

Caribbean

African

Any other Black background, write below

**E Chinese, or other ethnic group**

Chinese

Any other, write below

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Christian includes Church of Wales, Catholic, Protestant and all other Christian denominations.

- None
- Christian
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh

Other, write below

**6** Which of the following best describes your sexual orientation?

Tick one box only.

Only answer this question if you are aged **16** years or over.

- Heterosexual / Straight
- Lesbian / Gay Woman
- Gay Man
- Bisexual
- Prefer not to answer

Other, write below