



WESTMINSTER HEALTH LINK

Do you need help to get to:

**GP/HOSPITAL APPOINTMENTS?
HEALTH AND WELL BEING CLASSES?**

Do you live in the following Westminster postcode areas and have problems accessing public transport due to age or disability?

Queens Park (W10, W9), Harrow Road (W9), Westbourne (W11, W2), Church Street (NW1, NW8)

WE CAN HELP!

The **Westminster Health Link** is **FREE** and offers daily trips to main hospitals in and out of the borough (long distance journeys subject to availability) as well as your doctor's surgeries and other key places in your local community. The service is door-to-door in fully accessible vehicles.

To start using this service pick up an application form here (or call the number below to obtain one) fill it in, get it countersigned by your Health Professional and send it back to: WESTWAY CT (HEALTH LINK), 240 ACKLAM RD, W10 5YG.

We will send you a welcome pack containing all the details and information on how to use this service.

CALL US NOW ON 020 8968 4056

PERSONAL DETAILS

Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
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Name.....

Address.....

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.....Post Code.....

Ward.....Telephone.....

Date of birth.....Emergency Tel No.....

Other Support

Do you consider yourself to have a disability that has a substantial effect on your ability to carry out normal day-to-day activities?

- Yes (please describe your disability) _____
- No

Do you use anything to help with mobility, hearing or speaking? Yes No

If yes, please tick any of the lists below which apply to you:

- I use a wheelchair a walking aid a hearing aid an advocate
- hearing loop minicom British Sign Language lip read
- other Please specify:_____

About Your Cultural and Religious identity		
Which religion do you follow or practice? Please tick the box which applies to you		
<input type="checkbox"/> Buddhism	<input type="checkbox"/> Jehovah's Witness	<input type="checkbox"/> Humanism
<input type="checkbox"/> Christianity (Including Church of England, Catholic, Protestant, Methodist, Baptist)	<input type="checkbox"/> Judaism	<input type="checkbox"/> Other religion, <i>please specify</i> _____
<input type="checkbox"/> Hinduism	<input type="checkbox"/> Islam	<input type="checkbox"/> None
<input type="checkbox"/>	<input type="checkbox"/> Sikhism	

About your ethnic identity

To which of these ethnic groups do you feel you belong? Please tick the box which applies to you

ARAB or ARAB BRITISH

- Middle Eastern
- North African
- Any other; *Please specify:*

BLACK or BLACK BRITISH

- Black Caribbean
- Black African
- Any other Black background; *Please specify:*

MIXED

- Mixed Asian, *Please specify* _____
- Mixed Black, *Please specify* _____
- Mixed White *Please specify* _____

Any other Mixed background
Please specify _____

- I do not wish to answer these questions

ASIAN or ASIAN BRITISH

- Bangladeshi
- East African Asian
- Indian
- Pakistani
- Sri Lankan
- Tamil
- Any other Asian background; *Please specify:*

WHITE or WHITE BRITISH

- English
- Irish
- Scottish
- Welsh
- Eastern European, *Please specify:* _____
- Any other White Background; *Please specify:*

OTHER or OTHER BRITISH ETHNIC GROUP

- Chinese
- Filipino
- Japanese
- Iranian
- Kurdish
- Vietnamese
- Other, *Please specify*

Other relevant information

How many outpatient hospital appointments have you missed in the last 6 months due to difficulties in obtaining transport?

- 0
- 1-2
- 2-4
- more than 4

How many GP appointments have you missed in the last 6 months due to difficulties in obtaining transport?

- 0
- 1-2
- 2-4
- more than 4

How many health and well being classes/activities (i.e. exercise, counselling, self-help etc.) have you attended in the last 6 months?

- 0
- 1-2
- 2-4
- more than 4

In which country were you born? _____

Please tick any of the following which apply to you.

I am

- a carer* cared for a refugee an asylum seeker retired
- homeless** in full time employment in part-time employment
- self-employed unemployed student homemaker/housewife
- housebound

- A carer is someone who cares for or looks after somebody who needs support because of a physical or mental disability, long term illness or physical frailty and does this for more than 14 hours per week. This includes caring for a child with special needs.

** You do not have permanent accommodation.

I understand and give consent that this information will only be used by Westway Community Transport and the NHS for transport and healthcare planning purposes respectively.

Signed _____

Name _____

Date _____

Thank you for your time

TO BE FILLED IN BY HEALTH PROFESSIONAL:

Referred by (print name)	
Position	Date
Telephone Number	
Patient's NHS Number	