

Receipt of Services

Service Utilised		Frequency of visit (e.g. daily)	Period of use (e.g. One month)	Average duration of each visit (if applicable)
1. Hospital Inpatient				
2. Hospital Outpatient				
3. Hospital A&E (casualty)				
4. GP				
5. Social Worker				
6. Social Work Assistant				
7. Home help				
8. Residential Care				
9. Home care – private				
10. Meals on wheels				
11. Nursing Auxiliary				
12. Day centre / lunch club				
13. Day hospital				
14. District nurse				
15. Health Visitor				
16. Occupational Therapist				
17. Rehabilitation Assistant				
18. Speech and Language Therapist				
19. Physiotherapist				
20. Dentist				
21. Optician				
22. Other service 1 (specify)				
23. Other service 1 (specify)				
24. Other service 1 (specify)				