**Age UK Bristol - Referral form – Information & Advice service**

Please complete this form in as much detail as possible prior to making the referral. Please note we are a very small team, so can only offer a limited number of home visits, most advice will be given by telephone.

**Please return form to:** I&A Service, Age UK Bristol, Canningford House, 38 Victoria St, Bristol BS1 6BY or password-protect & email it to [advice@ageukbristol.org.uk](mailto:advice@ageukbristol.org.uk), sending the password separately.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Referrer Name & organisation |  | | | | | | |
| Referrer Tel |  | | | | | | |
| Referrer Email |  | | | | | | |
| Client Name |  | | | | | | |
| Client D.O.B. |  | | | | | | |
| Name of carer (if client unable to manage affairs) | |  | | Relationship | | |  |
| Client Address |  | | | | | | |
| Telephone number |  | | | | | | |
| Carer telephone number (if different) |  | | | | | | |
| Who to contact? | Client | |  | | Carer |  | |
| What advice is required (please be specific)? |  | | | | | | |
| Please list benefits received by the household (if known) |  | | | | | | |
| Risk factors (if any) |  | | | | | | |
| Please confirm the client/carer is aware of the referral and has agreed for information to be shared with AUK Bristol: | | | | | Yes: |  | |
| Referral Date |  | | | | | | |