**Client’s Details – ALL FIELDS MUST BE COMPLETED**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Forename: |  | | Address:  Postcode: |  |
| Family Name: |  | |
| Title: | Mr / Mrs / Miss / Ms / Other:  (*please specify*): | |
| Gender: | Male 🞎 Female 🞎 Other 🞎  *(please specify):* | | Tel Home: |  |
| Date of Birth |  | | Tel Mobile: |  |
| NI Number: |  | | Email: |  |
| Reason for referral e.g. benefits, housing | |  | | |

**Next of Kin or other contact**

|  |  |  |  |
| --- | --- | --- | --- |
| Forename: |  | Address:  Postcode: |  |
| Family Name: |  |
| Title: | Mr / Mrs / Miss / Ms / Other:  (*please specify*): |
| Gender: | Male 🞎 Female 🞎 Other 🞎  *(please specify):* | Tel Home: |  |
| Date of Birth/Age: |  | Tel Mobile: |  |
| Relationship to Client: |  | Email: |  |

**GP’s details (if known)**

|  |  |
| --- | --- |
| Name | Health needs/medical conditions |
| Practice |
| Address |
| Postcode |
| Tel |

**Home Details – WARD LIVED IN ………………………**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Type of permanent accommodation | House | 🞎 | Flat/Bedsit | 🞎 | Bed and Breakfast | 🞎 | Supported Housing | 🞎 |
| Registered Care | | | 🞎 |  | | |  |
| Tenure of permanent accommodation | Council | 🞎 | Home Owner | 🞎 | Housing Association | 🞎 | Private rented | 🞎 |
| With family | | | 🞎 | Other (specify) | | | 🞎 |

**Ethnicity**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Asian British | 🞎 | White British | 🞎 | Japanese | 🞎 |
| Bangladeshi | 🞎 | Chinese | 🞎 | Other Asian background | 🞎 |
| Black African | 🞎 | European | 🞎 | Other black background | 🞎 |
| Black British | 🞎 | Indian | 🞎 | Other dual heritage | 🞎 |
| Black Caribbean | 🞎 | Irish | 🞎 | Other ethnic group | 🞎 |
| Other *(please specify)* …………………………………… | | | | Do not wish to disclose | 🞎 |

**Communication**

|  |  |  |  |
| --- | --- | --- | --- |
| Does the person have any communication problems such as with language, illiteracy, hearing or visual impairments?  (Please give details) | Preferred Language: | | |
| Interpreter Required? | Yes  🞎 | No  🞎 |

**Risk Assessment and Further Information**

|  |  |  |  |
| --- | --- | --- | --- |
| • Does the client know they are being referred?  • Can contact be made to the client’s home by telephone?  • Is the client a carer?  • Does the client live alone? | | Yes 🞎 | No 🞎 |
| Yes 🞎 | No 🞎 |
| Yes 🞎 | No 🞎 |
| Yes 🞎 | No 🞎 |
| If no, please specify who with: |  | | |
| •  ~~Is a home visit requested~~ (we are currently unable to offer a home visit) | | ~~Yes~~ ~~🞎~~ | ~~No 🞎~~ |

**NB** If the following questions are not answered fully we may be unable to offer a home visit.

|  |  |  |  |
| --- | --- | --- | --- |
| * ~~Self neglect?~~ | ~~Yes / No / Unknown~~ |  | ~~Any further comments~~ |
| * ~~Accidental harm?~~ | ~~Yes / No / Unknown~~ |  |
| * ~~Intentional self-harm?~~ | ~~Yes / No / Unknown~~ |  |
| * ~~Abuse from others?~~ | ~~Yes / No~~  ~~/ Unknown\*\*\*~~ |  |
| * ~~Violence/ aggression?~~ | ~~Yes / No / Unknown~~ |  |
| * ~~Environmental hazards?~~ | ~~Yes / No~~  ~~/ Unknown\*\*\*~~ |  |
| * ~~Does the person have pets?~~ | ~~Yes / No / Unknown~~ |  |
| * ~~Any other risk factors~~ | ~~Yes / No~~  ~~/ Unknown\*\*\*~~ |  |
| ~~\*\*\*If yes, please state under “Any further comments"~~ | |  |

|  |  |  |
| --- | --- | --- |
| * Has the client been assessed by Social Services? | Yes 🞎 | No 🞎 |
| * If so, are they receiving a care package? | Yes 🞎 | No 🞎 |
| * Has an OT assessment been done? | Yes 🞎 | No 🞎 |
| * If there is a support plan please attach it | Yes 🞎 | No 🞎 |

|  |
| --- |
| **LLP REQUIREMENTS** |
|  |
|  |

**Referrer’s Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | Address |  | | |
| Occupation/  Relationship |  |
| Tel |  | Postcode |  | | |
| Email |  | | | | |
| **Signed** |  | | | Date |  |

Please return this form by post or email to:-

Later Life Planning Service

Age UK Barnet

Ann Owens Centre

Oak Lane

East Finchley

London N2 8LT

[laterlifeplanners@ageukbarnet.org.uk](mailto:laterlifeplanners@ageukbarnet.org.uk)

**FOR USE ONLY BY ORGANISATION RECEIVING THE REFERRAL**

Acknowledged Referral: Yes 🞎 No 🞎

Accepted Referral: Yes 🞎 No 🞎

Informed Referrer: Yes 🞎 No 🞎

Allocated on:

Allocated to: