**HOME FROM HOSPITAL SERVICE**

**REFERRAL FORM**

**Up to 6 weeks of free support for Bolton residents who live alone or are a main carer or cared for person aged 65+ post discharge from hospital (aged 50+ for admissions avoidance).**

Does the client agree to the capture and sharing of their information, including health with:

Age UK Bolton: Yes  No 

Third Parties: Yes  No 

Next of kin: Relationship:

Mobile number: Telephone:

Referrer details (please state RBH ward or community team):

Date:

Name:

DOB:

NHS number:

Address:

Postcode:

Telephone number:

Smoker? Yes  No 

Mobile number: Telephone (home number):

GP: Telephone number:

Key safe number:

 Practical support - 🞏 cleaning 🞏 shopping 🞏 welfare calls 🞏 welfare visits

 🞏 support and encouragement with daily tasks

 Transport - 🞏 collecting prescriptions 🞏 help to medical appointments

 Access to - 🞏 befriending 🞏 lunch clubs 🞏 community activities

 Information & Advice - 🞏 benefit entitlements  blue badges

Any specific onward referrals/signposting identified to health, social, and community support?

Please state:

Are there any concerns/risk factors that we need to be aware of?

Alcohol/Drug Abuse 🞏 Inappropriate behaviour 🞏 Multi- occupancy 🞏

Self-Neglect 🞏 Falling 🞏 Wandering 🞏

Aggression 🞏 Confusion/ Memory 🞏 Non – engagement 🞏

Suicide 🞏 Hoarding 🞏 Other 🞏

Please explain in detail: