

Befriending Service Referral



Please complete all fields and return to *info@ageuklambeth.org.uk*.

Date of referral						
Clients details						
Forename	Surname Gender					
Date of Birth (client must be at least 55)						
Address Postcode	Telephone Number					
Informed Consent						
Has the client been informed of referral? YES \(\cap \) NO	Does the client consent to the referral? YES NO					
Referra	al information					
Client He	alth Information					
Does the client have dementia? ○ YES ○ NO	If yes to any of these please give details					
Does the client have mental health issues	s?					
Does the client have other health issues?						
YES NO						



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Living Arrangements							
Does the client live	on an estate?						
Details of the entrance to the client's home (e.g. intercom system, communal doorway).							
Does the client live in a sheltered scheme? YES NO				Does the client live in a care home? YES NO			
If applicable, full name and contact details for the scheme/home manager.							
Does the client live with anybody? YES NO			Does the client have any pets? YES NO				
If yes please specify		If yes please specify					
Monitoring information							
Please specify the clients ethnicity for our monitoring information							
White	Multiple ethnic groups	Asian / As British	sian	Black /Black British	Other ethnic group		
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Referrers details							
Is this a self-referral? YES NO (if not then complete below)							
Referrers Name Address							
Relationship to client		Postcode					
Referring organisation		Telephone no.					
			E-mai	l Address			

Data Protection: The data provided will be used by Age UK Lambeth for the purposes of supporting the client. We shall use the information you have supplied in line with Data Protection Guidelines. Information held by Age UK Lambeth is strictly confidential and we do not share information or pass on any of our client's personal data to organisations and/or individuals without their consent.