**Advice Referral Form**

 **The service is for clients who are over (or approaching) state pension age**

Please provide as much information as possible and send to advice@ageukleeds.org.uk

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| **Client Details** |
| **Full client name:** | **DOB:** |
| **Ethnicity:** | **Gender:** |
| **Address:** |
| **Tel:** | **Email:** |
| **Any physical or mental health problems/long term conditions or disabilities?***(Such as: frailty, visual or hearing impairments etc.)* |
| **Referral Details** |
| **Date of Referral:** |
| **Referrer Details*** Organisation
* Referrer name
* Email
* Telephone
 |  |
| **Consent**Has client given consent for referral to AUKL Advice service and for information to be stored by AUKL? | ***Yes/ No*** (please state any other details around consent) |
| **Reasons for referral**e.g. Attendance Allowance form, Benefits Check, Housing, Social Care etc. | **Reason:***If the referral is for Attendance Allowance please provided following if known:* |
| * Is this client state pension age?
* Do they have any medical conditions?
* Have they had the above for 6 months or more?
* Do they have personal care needs/ medication needs?
* Are they on any other benefits?
 | Y / NY / NY / NY / NY / N |
| **Any risks identified**If yes, please give details.*(Inc. pets, smoking, drinking, other residents etc.)* |  |
| **Family/ Carers/ Professionals***Please state if there are family members involved in referral or other professionals working with the client. Is there an appointee in place (POA)?* |
| **Additional information***Please include any other information about the clients’ circumstances that you think might be relevant. Please include any cultural information that may be relevant to the advice required.* |

**If you have any questions or would like to talk through a referral call on: 0113 389 3000**