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**Referral Form**

* We are Respectful.
* We are Kind.
* We are Reliable.
* We are Inclusive.
* We are Efficient.

**Ways to Wellbeing Service**

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| All parts of this referralform should be fully completed where applicable.**Please return the completed form to:** **W2W@ageukleeds.org.uk** **Tel: 0113 389 3009****For the service to accept a referral the following criteria must be met:**

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| 1. Be aged 50 or above
2. Fully consent to the referral
3. Have an identified wellbeing need/needs
4. Resident of Leeds (pay or would pay Council Tax to Leeds City Council)
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| **REFERRAL DETAILS** |
| **TYPE OF REFERRAL** | [ ]  Professional referral (please detail below) [ ]  Self-referral |
| **DATE OF REFERRAL** |  |
| **REFERRER DETAILS**  | Name:Profession:Address:Contact Number: |
| **CLIENT DETAILS** |
| **FORENAME** |  |
| **SURNAME** |  |
| **ADDRESS incl. postcode** |  |
| **TELEPHONE NUMBER** |  |
| **EMAIL ADDRESS** |  |
| **DATE OF BIRTH** |  |
| **GENDER** | [ ]  Male[ ]  Female[ ]  Non-binary | [ ]  Transgender[ ]  Prefer not to say[ ]  Prefer to self-describe |
| **SEXUAL ORIENTATION:**  | **Which of the following best describes how you think of yourself?**[ ]  Heterosexual or straight [ ]  Gay or Lesbian[ ]  Bisexual [ ]  Not known[ ]  Other sexual orientation not listed [ ]  I do not wish to disclose |
| **ETHNICITY** |  |
| **NEXT OF KIN** | Name: Relationship Telephone Number: |
| **INVOLVED PROFESSIONALS** |  |

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| **HEALTH**  |
| **PLEASE SPECIFY IF ANY OF THE FOLLOWING MEDICAL CONDITION(S) APPLY:** |
| Mental Health [ ] Hearing Impairment [ ] Visual Impairment [ ] Cognitive impairment [ ]  | Neurodivergent (Autism Spectrum Disorder, ADHD, Dyslexia, Dyscalculia) [ ] Risk of falls [ ] Poor mobility [ ] Other, please specify: |
| **Any additional information regarding health:**  |
| **REFERRAL - Please give a brief outline of the reason for the referral.** |
| *(For example: Would you like to be more connected to other people? Would you like to learn new things or have more new experiences? Would you like to be more active? Would you like to pause and take more notice of your surroundings, or how you feel? Would you like to give more time to others?)* |
| **CONSENT** | **Does the client fully consent to the referral?Yes** [ ]  **No** [ ] *(Please obtain consent - referrals are not accepted into the service if full consent is not given)* |
| **SIGNATURE** **OF CLIENT** | *I consent for Age UK Leeds to store my personal information in accordance with data protection, confidentiality, and retention policies. I know I can ask to see my file. Type or sign.* |

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| **We aim to contact you, or the client, within 5 working days of receipt of this referral** |

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| **WELLBEING ASSESSMENT****Please give more details of the client’s current wellbeing activities if possible** |
| **Connect***What are your connections like with other people? Friends, family, neighbours, local community. In person, by phone, or on social media. Opportunities to meet new people?**Would you like to be more connected to other people?* |
| **Keep Learning***How often do you try new things? Cooking new recipes. Taking up new hobbies or interests.**Keeping up to date with technology. Attending courses, talks or information sessions. Visiting museums or galleries. Watching documentaries, doing puzzles, reading books.**Would you like to learn new things or have more new experiences?*. |
| **Be Active***How often do you do any type of physical activity? For example: Walk, run, cycle, dance, DIY, gardening, housework, walk to the shops, exercise class, play games, litter picking, washing car, walking dog.**Would you like to be more active?* |
| **Taking Notice***How often do you think about your own needs or feelings or pause and take in what's around you? Changes in the season, or local built environment. Wildlife in the park/garden. Arts and crafts. Watching and thinking about the news. Tasting food. Talking about or writing down thoughts and feelings. Thinking about what has gone well. Really listening to someone.**Would you like to pause and take more notice of your surroundings, or how you feel?* |
| **Give***How often do you do something nice for someone else? Feed birds in the garden, or park. Say thanks. Smile at someone. Volunteer. Be active in your community. Help someone with a task. Provide compliments/feedback. Pray. Send good wishes. Donate to charity. Check on a neighbour. Teach friends or relatives a skill. Tell stories. Create art to share. Grow plants.**Would you like to give more of your time to others?* |

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| **RISKS OR HAZARDS** (Only required if a lone worker, or a volunteer will be visiting the client at home) |
| **Please tick the box where appropriate:**[ ]  Risk to staff[ ]  Risk to self[ ]  Risk to the wider community[ ]  Risk to the property[ ]  Risk from associates known to the client[ ]  Harassment, abuse, violence[ ]  Self-Harm[ ]  Sexual Abuse[ ]  Domestic Abuse | [ ]  Offending History [ ]  Arson [ ]  Alcohol use [ ]  Drug use [ ]  Anti-Social Behaviour [ ]  Hoarding [ ]  Other (please state)[ ]  Safeguarding Reported to ASC (past, or present) Yes [ ]  No [ ]  |
| **PROPERTY DETAILS** |
| **Tenure of Property**[ ]  Owner/Occupier[ ]  Private rented[ ]  Leeds City Council[ ]  Housing Association[ ]  Other (please state)Are there any hazardous conditions internally/externally to the property: Yes [ ]  No [ ] If **Yes**, please state:Does the client live alone: Yes [ ]  No [ ] If **No**, please state who else lives at property:Is this person(s) a known risk: Yes [ ]  No [ ] Does anyone in the property smoke: Yes [ ]  No [ ] Are there any pets at the property: Yes [ ]  No [ ] If yes please state animal type and number: |
| **IS THE CLIENT A CARER?** |  Yes [ ]  No [ ]  |