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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**](mailto:W2W@ageukleeds.org.uk) **Tel: 0113 389 3009**  **For the service to accept a referral the following criteria must be met:**   |  | | --- | | 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 | |