**Form completed by: Date:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** | **Forename:** | | |
| **DOB:** | **Ethnicity:** | | |
| **Communication Needs:** | | | |
| **Address:**  **Postcode:** | | | **Telephone:**  **Alternative number:** |
| **NOK name:** | **NOK relationship:** | | |
| **NOK contact details:** | | | |
| **Referrer name and contact details:** | | **Contact person from Social Care/Community Team or G.P:** | |
| **How did customer/referrer hear about service?:** | | | |

|  |  |
| --- | --- |
| **Shopping service required:**  Limited period □  Regular on-going □ | **Customer informed of**  Supermarket choice □  Delivery charge □ |
| **Reason for referral:**  **How does the referred person currently shop for food?**  **Will the order normally be for more than one person at this address?**  **Allergies requiring Treatment with Epi pen:**  **Special Diet Requirements:**  **Access Arrangements:**  **Any pets in the property? Y/N**  **Known risks for delivery volunteers associated with the referral:** | |

**Please return to:** [**food2you@ageuklands.org.uk**](mailto:food2you@ageuklands.org.uk) **Tel. 020 7358 4064**