# I Forget Referral Form

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| **Referrer Name:** |  | **Referral Date:** |  |
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| **Referrer Contact Details (Phone No. & Email Address):** |  | **Has the individual given consent to this referral?** | Yes  No |
|  |  |  |  |
| **Referrer Job Title/Relationship to Client:** |  | **How/where did referrer hear about the service?** |  |
| **Consent:** (Client consents for their details to be recorded and stored by AUKLSL)  Yes  No  Consent given by POA  **Consent:** (Consent to discuss client’s situation with their designated NOK or representative named below)  Yes  No  Consent given by POA  **Consent:** (Client consents to being contacted via phone/email by AUKLSL)  Yes  No | | | |
| **Is there an LPA in place?** | Yes  No | **IFA checked LPA status**  **Date / IFA initials** |  |
| **Initial reason for contact:** | | | |
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| **Client Details** | | | |
| **Title:** |  | **Name:** |  |
|  |  |  |  |
| **Age:** |  | **Religion:** |  |
|  |  |  |  |
| **DOB:** |  | **Ethnicity:** |  |
|  |  |  |  |
| **Likes to be known as:** |  | | |
|  |  |  |  |
| **Sex:** | Male  Female  Transgender  Non-binary / Non-conforming  Prefer not to say | | |

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| ***Address & Contact Information*** | | | | | |
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| **Address:** | |  | **Email:** |  | |
|  | |  |  | |
|  | | **Contact Number(s):** |  | |
|  | |  |  |  | |
| **Local Authority:** | |  | | | |
|  | |  |  |  | |
| **GP Surgery:** | |  | **GP Phone Number:** |  | |
|  | |  |  |  | |
| **GP Address:** | |  |  |  | |
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| **LivingArrangements** | | | | | |
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| **Type of Accommodation:** | | | **House**   **Bungalow**  **Flat**   **Assisted Living**  **Other**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | | |  |  | |
| **Who lives in the accommodation?** | | |  | | |
|  | |  |  |  | |
| **Any identified risks e.g. poor street lighting, hoarding, health and safety risk, dogs etc?** | | |  | | |
| **Key Safe?** | Yes  No | | **Lifeline in place?** | | Yes  No |
|  |  | |  | |  |
| **Location:** |  | | **Monitoring Centre?** | |  |
|  |  | |  | |  |
| **History of falls?** |  | | | | |
|  |  | | | | |
| **Does the client have a dementia diagnosis?** | | | Yes  No | | |
|  |  | |  | |  |
| **If yes, what type of dementia do they have and when was the diagnosis received?** | | |  | | |
|  | | |  | | |
| **If no, is the client worried about their memory?** | | |  | | |
|  | | |  | | |
| **Does the client display behaviours that challenge?** | | | Yes  No | | |
|  | | |  | | |
| **If yes, what are these:** | | |  | | |
|  | | |  | | |
| **Are there any triggers?** | | |  | | |
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| **What is the best way to support the person when displaying behaviours that challenge?** | | |  | | |
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| **Ongoing health conditions and medical history:** | |  | |
|  |  |  |  |
| **Any known allergies?** | | Yes  No | |
|  |  |  |  |
| **If yes, please document any details:** | |  | |
|  |  |  |  |
| **Previous Occupations:** |  | **Is the client a veteran?** | Yes  No |
|  |  |  |  |
| **Is the client a smoker?** | Yes  No |  |  |
|  |  |  |  |
| **Next of Kin Information** | | | |
|  |  |  |  |
| **Has the Next of Kin given consent for AUKLSL to store their information and contact them with regards to the client?** | | | Yes  No |
|  | |  |  |
| ***Next of Kin***  **Name:** |  | **Contact Numbers(s):** | Home:  Mobile: |
|  |  |  |  |
| **Address:** |  | **Relationship to Client:** |  |
|  |  |
|  |  |  |  |
| **Client allocated to: (Office Use)** | |  | |

**Please email completed referral forms to** [**iforget@ageuklsl.org.uk**](mailto:iforget@ageuklsl.org.uk) **or telephone your referral through on 03455 564 144 and ask for the I Forget Team.**

**Privacy Statement**

**Your personal information**

AUKLSL is a ‘controller’ of data. This means that we will control and process your personal data as part of our role providing a service to you. This is necessary when we are providing a service to you because we need to know who you are, how to contact you and how best to help you.

We take privacy very seriously. We are committed to keeping your data secure and processing it fairly and lawfully. Our Privacy Policy explains the types of information that we may collect and hold, how that information is used and with whom the data is shared.

You have a number of rights when it comes to your data. For instance, you have the right to access your data and the right to be forgotten. Our Privacy Policy contains a summary of your rights and explains how to exercise them.

If you wish to view a copy of our Privacy Policy, please ask one of our team or visit

<https://www.ageuk.org.uk/lincolnsouthlincolnshire/privacy-policy/>

If you have any questions about the use of your personal information, or how to exercise your statutory rights, please contact us at [DPO@ageuklsl.org.uk](mailto:DPO@ageuklsl.org.uk).

**Direct marketing**

We would like to keep in touch with you, but we won’t do so unless you agree.

In particular, we would like to keep you updated about the important work we do in your community and reach out to you about things that may interest you, such as opportunities to get involved with our work and how you can help support us.

Don’t worry: we won’t contact you very often and you can withdraw your consent at any time by contacting us at [DPO@ageuklsl.org.uk](mailto:DPO@ageuklsl.org.uk).

If you are happy for us to contact you for marketing purposes, please tick the relevant boxes below.

**Please contact me by Post         Email            SMS           Phone**