**ADVICE REFERRAL FORM**

Please complete and send to the Advice Manager at:

 Age UK Manchester Tel: 0161 833 3944

 20 St Ann's Square Email: advice@ageukmanchester.org.uk

 Manchester M2 7HG

**Client’s Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title |  | Male/Female | Tel |  |
| Name |  | Address |  |
| Surname |  |
| Age |  |
| Date of Birth |  | Postcode |  |

|  |  |
| --- | --- |
| • Does the client know they are being referred?• Can contact be made to the client’s home by telephone?• Is the client a carer?• Does the client live alone? | Yes/No |
| Yes/No |
| Yes/No |
| Yes/No |
|  • If no, please specify who with:  |  |
| • Is a home visit requested? | Yes/No |

**GP’s Details (if known)**

|  |  |
| --- | --- |
| Name | Medication Taken |
| Practice |
| Address |
| Postcode |
| Tel |

|  |  |
| --- | --- |
| **Communication**Does the person have any communicationproblems such as with language, illiteracy,hearing or visual impairments? (Please givedetails) | **Psychiatric History/ Other Info**Please give details of any ps**y**chiatric history or any other information you think may be relevante.g. physical health problems |

**Risk Assessment**

**Risk Assessment cont.**

**NB** If the following questions are not answered fully, we may be unable to offer a home visit.

|  |  |  |  |
| --- | --- | --- | --- |
| • Self neglect?• Accidental harm?• Intentional self-harm?• Abuse from others?• Violence/ aggression?• Environmental hazards?• Any other risk factors | Yes/ No / Unknown |  | Further Comments |
| Yes/ No / Unknown |
| Yes/ No / Unknown |
| Yes/ No / Unknown |
| Yes/ No / Unknown |
| Yes/ No / Unknown |
|  Yes/ No \* |
|  • \* If yes, please state under further comments |

**Reason For Referral**

|  |
| --- |
| Please give as much detail as possible |

**Referrer’s Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Address |  |
| Occupation/Relationship |  |
| Tel |  | Postcode |  |
| Fax |  |  |
| **Signed** |  | Date |  |

**--------------------------------------------------------------------------------------**

FOR USE BY ORGANISATION RECEIVING THE REFERRAL ONLY

Acknowledged Referral: Yes □ No □

Accepted Referral: Yes □ No □ Informed Referrer: □