**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 communication  problems such as with language, illiteracy,  hearing or visual impairments? (Please give  details) | **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: □