

|  |  |
| --- | --- |
| **Customer Details**  |  |
| Name  |  | Date of Birth |  |
| Address |  |
| Postcode |  | Telephone No. |  |
| Email Address |  |
| Preferred method of contact |  |
| GP and Surgery name |  |
| Communication Needs | *(Interpreter required e.g. sign or language/ details of person who is able to provide support to discuss referral)* |

 **\*Support Required** (Please select one)

|  |  |
| --- | --- |
| Services for people with a mental health need |[ ]  Services for people over the age of 50 |[ ]
| **Support Needs** |
| Please indicate what you wish to gain from the service: |  |
| Would you like to access activities in the community? | Y/N |  |
| Can you access the community independently?  | Y/N | *If* ***NO*** *please specify:* |
| Do you have either a physical or learning disability? | Y/N | *If* ***YES*** *please specify:* |
| Do you have any memory difficulties? | Y/N | *If* ***YES*** *please specify:* |

**Risk Information**

This information should be filled in by the referrer.
Please inform us if there are any past and/or present issues in the following areas that we may need to be aware of regarding the client’s welfare.

|  |  |  |
| --- | --- | --- |
| **Risk to Self** | **Current** | **Historic** |
| Neglect |  |  |
| Physical Illness/disability |  |  |
| Recent significant life event |  |  |
| Misuse of drugs |  |  |
| Misuse of alcohol |  |  |
| Suicidal ideas/intent |  |  |
| Self-harm/injury |  |  |
| Social Isolation |  |  |
| Exploitation/harassment/abuse by others |  |  |

|  |  |  |
| --- | --- | --- |
| **Risk to Others** | **Current** | **Historic** |
| Incidents of physical aggression |  |  |
| Incidents of verbal aggression |  |  |
| Exploitation of others |  |  |
| Child Protection |  |  |

**Referrer details**

|  |  |
| --- | --- |
| Name of person requesting referral |  |
| Contact number |  |
| Date |  |

**PLEASE RETURN TO THE SOCIAL PRESCRIBING SERVICE AT AGE UK**

 **Email referrals to**: ageuknorthtyneside@NHS.net

A **Address:** Bradbury Centre, 13 Saville Street West, North Shields, NE29 6QP

 **Fax:** 0872 110 8450 **Telephone:** 0191 2808484

 SP002/GP or Self Referral Form/September 2017-V7