

|  |  |  |  |
| --- | --- | --- | --- |
| **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](mailto: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