

Connect Referral Form

Supporting your wellbeing and independence

Details of client (person being referred):

Name	Title(Mr/Mrs/Miss/Ms/Mx)									
Date of Birth			Gender				Pronc	ouns		
Address and Postcode										
Telephone				Mobile						
E-mail						Pre	eferred	Method		
Is the client a Carer?	No		Yes (if s	so, who	for?))				
Did the client or spouse serve in the armed force		endent	Yes:				No:			
Has the client given cor personal Data?	nsent	to store	Yes?		No:			Referra Date	l	

Equality and Diversity information:

Nationality:	Ethnicity:	
Language:	Religion or Belief:	
Sexuality:	Marital Status:	

Referrer's details:

Name					
Relationship to client					
Email			Tel number		
Organisation / agency-					
How did they hear about C	Connect?				
Is the client above aware t	eing referred?	Yes	No		

Reason for referral (Include details of health conditions and other issues as appropriate, for example money/debt etc.)





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Are there any other services or key people	involved in the care of the service user, e.g.
Social Worker, Care/Health services, family	/ members, etc.?

Does the client experi	ence any	health con	ditions or vulnerabilities at	all?	
Dementia?	Yes	No	Autism Spectrum Condition?	Yes	No
Learning Disability?	Yes	No	acquired Brain Injury? (E.g. Stroke)	Yes	No
Any other Vulnerabilitie	s? (Please	e State: E.g.	ADHD, Economically inactive	e, Single p	parent)

Risk assessment (please tick and detail anything that Age UK Notts needs to know prior to visiting the person at home so we can ensure the health and safety of our lone workers):

Smokers in the house	
Pets in the house	
Safeguarding issues	
Dangerous Behaviours	
Substance misuse	
Alcohol Misuse	
Known Self – Harm	
Suicide Attempts	
Abused or Exploited	

Verbal Aggression to others?	
Abuse/Harassment to others?	
Sexual Assault/Exposure	
Known Risk to Children	
Self-care/neglect	
Accidental Harm (Fires)	
Damage to property	
Known to police	
License/Bail conditions	
Anger/Impulsive Behaviours	

Known Incident of Violence?	
If yes, to whom?	
Staff	
Friends/Family	
Public	

If yes, how much damage was caused?	
None	
Minor	
Major	



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Please provide details of any other information you feel we may need to know

• Please forward this form to <u>connect@ageuknotts.org.uk</u> or Age UK Connect, The Lifestyle Centre, 16-18 Bridgeway Centre, Nottingham. NG2 2JD









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