

**Connect**

**Referral Form**

**Details of client (person being referred):**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | | | Title(Mr/Mrs/Miss/Ms/Mx) | | | | | | | | | |  |
| Date of Birth |  | | Gender | | |  | | | | Pronouns | | | |  | | | | |
| Address and  Postcode |  | | | | | | | | | | | | | | | | | |
| Telephone |  | | | | Mobile | | | | | | | |  | | | | | |
| E-mail |  | | | | | | | | Preferred Method | | | | | | |  | | |
| Is the client a Carer? | No |  | | Yes (if so, who for?) | | | | | | |  | | | | | | | |
| Did the client or spouse/dependent serve in the armed forces? | | | | Yes: |  | | | | | No: | | | | |  | | | |
| Has the client given consent to store personal Data? | | | | Yes? |  | | No: | | |  | | Referral Date | | | | |  | |
| **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 Connect? | |  | | | | | | | Is the client above aware they are being 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.?** |
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| **Does the client experience any health conditions 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 Vulnerabilities? (Please State: E.g. ADHD, Economically inactive, Single 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):**

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| --- | --- |
| 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 |  |

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

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

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

**\*If any box has been ticked, Please give further details below**

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

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* **Please forward this form to** [**connect@ageuknotts.org.uk**](mailto:connect@ageuknotts.org.uk) **or Age UK Connect,** **The Lifestyle Centre, 16-18 Bridgeway Centre, Nottingham. NG2 2JD**