

**Age UK Connect**

**Referral Form**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | Title (Mr/Mrs/Miss/Ms) | | | | | | | |  | |
| Address |  | | | | | | | | | | | | | | |
|  | | | | | Postcode | | | | |  | | | | | |
| Telephone number(s) |  | | | | | | | | | | | | | | |
| Date of birth |  | | | Ethnicity | | | |  | | | | | | | |
| Email address |  | | | | | Referral date | | | | | |  | | | |
| Has the client given consent given to store personal data? | | | | | | | Yes | | |  | | | No | |  |
| Is the client a carer? | No |  | Yes (please state who for)\* | | | | | |  | | | | | | |
| Did the client or a spouse/dependant serve in the armed forces? | | | | | | | | Yes | | |  | | No | |  |
| **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 |  | | | | | | | | | | | | | | | | |
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| **Reason for referral** (Include details of health conditions as appropriate) | | | | | | | | | | | | | | | |
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**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):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Are there any smokers in the house? | Yes |  | No |  | Unknown |  |
| Are there any pets in the house? | Yes |  | No |  | Unknown |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Any known safeguarding issues? | Yes |  | No |  | Unknown |  |
| Any other known risks? | Yes\* |  | No |  | Unknown |  |

**\***Please give details below

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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.? | No |  | Yes (please give details) |
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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**