

 **Referral Form - Social Rehabilitation Service**

**Eligibility Criteria** (Please tick to indicate)**:**

* Older person living in Salford
* Given consent or self referral.
* Ability and motivation to take a lead role in decision making.
* Happy to work towards identifying and achieving agreed goals to improve their quality of life.

 ***(Please note service does not support individuals who live in nursing/residential/extra care or have full support services in place, e.g. full care package ).***

**We aim to work with individuals to promote** (Please tick to indicate)**:**

* Quality of life
* Health and wellbeing
* Choice and independence

Intervention is structured around the presenting issues within an agreed timeframe with the individual.

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**Client Details**

Name …………………………………………………………… Mr/Miss/Mrs/Ms

Address ………………………………………………………… Postcode ……………………..

Date of Birth ………… Tel No ……………………….. NHS number....................................

Ethnic Origin …………………………………… Spoken Language …………………………..

GP ………………………………….. Surgery …………………………… Tel No …………..

**Reason for referral including any areas of risk:** (please tick the appropriate boxes)

 Bereavement Socially isolated Self neglect

x

x

 Physical disability low confidence Mental health

 Lives alone. Falls

**Additional information:………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

**Referred by** …………………………….. Position/Relationship ………………………………..

Service/Address ………………………………………………… Postcode ……………………….

Tel No ……………………………….. Date …………………………………..