

**REFERRAL FORM**

**SERVICE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CL/CM No. \_\_\_\_\_\_\_\_\_\_\_\_**

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| **Referral Date:**  | **From:**  | **Tel:**  | **Taken by:**  |
| **Reason for Referral/Visit:**  |  | **Client Agreed: Yes/No**  |
| **Name: Mr/Mrs/Ms/Miss**  | **DoB:**  | **NHS number:**  |
| **Address:**  | **Post Code:**  |
| **Tel:**  | **Key Safe:**  |
| **Housing Association:** | **Ethnicity:**  |
| **Emergency Contact Name:**  | **Tel:**  |
| **Relationship to Service User:**  | **Contact first? Yes/No**  |
| **Is client a carer? Yes/No**  | **Caring for:**  |
| **GP Name:**  | **Tel:**  |
| **Practice Address:**  |
| **Health Problems/Disabilities:**  |
| **Dementia? Yes/No**  | **Type:**  | **Diagnosis Date:**  |
| **Medications:**  | **Known Allergies:**  | **Special dietary Requirements:**  |
| **Assistance with (circle):**  | **Eating**  | **Toilet**  | **Mobility**  | **Bus/Transport**  |
| **Mobility Limitations/Aids:**  |
| **Lives Alone: Yes/No**  | **Name & Relationship:**  | **DOB:**  |
| **Previous help from Age UK: Yes/No**  | **Other agencies involved:**  |
| **Smoker: Yes/No**  | **Pets:**  |
| **Name of Carer:**  | **DoB:**  |
| **Address:**  | **Post code:**  | **Telephone:**  |
| **Relationship to client:**  | **All correspondence to carer? Yes/No**  |

 Version 1 (Aug 2015)

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| **Initial Contact**  | **Home Visit Arranged**  |
| **Telephone:**  | **Date:**  | **Date:**  |
| **Letter:**  | **Date:**  | **Time:**  |
| **In Person:**  | **Date:**  | **Client aware of visit: Yes/No**  |
|  | **Logged in electronic diary: Yes/No**  |
| **Transport & Escort Informed: Yes/No**  | **Date & reason start at Day Centre:**  |
| **Accept/Decline place**  |
| **NOTES (including interests & hobbies/directions to property etc)**  |
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| **ACTIONS**  | **Date**  |
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| **SIGNPOSTING**  |
| **Advocacy**  | **Benefits**  | **Befriending**  | **Blue Badge**  | **Day Centres**  | **Living Well**  |
| **H@H**  | **Pub Lunch**  | **Diamond DI**  | **Alzheimers**  | **Other Dementia**  | **CAB**  |
| **ILP**  | **BRC/RVS**  | **Age UK Trading**  | **Pendant Alarms**  | **Carers Support**  | **Equip/W-Chair**  |
| **Handy Person**  | **Housing Support**  | **Social Services**  | **Parkinsons Soc.**  | **Stroke Assoc.**  | **Other:**  |
| **Follow up Summary Letter Sent to Carer**  |  | **Sent to person with dementia**  |  |

**HAVE YOU CHECKED DETAILS ARE ON CHARITYLOG?**