

**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** | | |
|  | | | | | | |  | | |
| **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?**