|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **In order to process your referral, please complete all fields.**  **Referrals will not be processed without an accompanying Risk Assessment** | | | | | | | | | |
| **Date of referral** | | | | | **Position / Organisation / Relationship to client**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Self-Referral Yes  No** | | | | |
| **Referrer First Name** | | **Referrer Last Name** | | |
| **Landline** |  | | | | **Mobile** | |  | | |
| **Email** |  | | | | | | | | |
| **Details about the client** | | | | | | | | | |
| **Title** *Mr/Mrs/Miss/Ms etc.* | | | **First name** | | | **Last name** | | | **Date of birth** |
| **Address including postcode** | | | | **Landline** | |  | | | |
| **Mobile** | |  | | | |
| **Email** | |  | | | |
| **Who else lives at the property?** | | | |  | | | | | |
| **Next of Kin’s name** | | | | Relationship | | | |  | |
| Contact details | | | |  | |
| Landline / Mobile | | | |  | |
| Email | | | |  | |
| Is the client housebound? Yes  No  Access to the client’s property – Intercom  Key safe  Not applicable  GP Surgery: GP Name: | | | | | | | | | |
| **Nature of referral** *Please put a ‘X’ to highlight each service*  Information / Advice  Finance / Benefits  Visiting service  Navigation and Assessment Service  Health & Wellbeing  Other (please specify) | | | | | | | | | |
| **Please state the reasons this referral is being made and advise of any relevant health, physical, mental, mobility and / or financial issues:** | | | | | | | | | |
| **Where did you hear about Age UK Southampton?** | | | | | | | | | |

Please send your completed referral form by post to **Age UK Southampton, Freemantle & Shirley Community Centre, Randolph Street, Southampton, SO15 3HE** or by secure email to:

[**snhs.AUKSoton-nhsreferrals@nhs.net**](mailto:snhs.AUKSoton-nhsreferrals@nhs.net)

**Risk Assessment Form (to accompany ALL Referrals)**

**Name of client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date assessment conducted: \_\_\_\_\_\_\_\_\_\_\_\_ Assessment conducted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*NB: A complete, recent (within 6 months) NHS / Adult Social Services Risk Assessment is acceptable.*

|  |  |  |
| --- | --- | --- |
| **Premises Risk Assessment** | **Identified Risk or hazard** | **Risk Management**  **or hazard control** |
| 1. Is there any history of aggressive behaviour or potential violence? |  |  |
| 2. Is the client at risk to themselves? |  |  |
| 3. Is the client at risk from anyone else? |  |  |
| 4. Are there any other risk factors or hazards (Including mental health, substance/alcohol mis-use)? |  |  |
| 5. Are there any safety issues for visiting personnel associated with the premises or the person? |  |  |
| 6. Access to home – easy access and exit, Doors – easily opened, unobstructed  Pathways – level surface, adequate width |  |  |
| 7. Steps /stairs – non slip, level surface, solid |  |  |
| 8. Pets?  Are they adequately restrained? |  |  |
| 9. Is there parking available close to the home? |  |  |
| 10. Are there any safety concerns regarding the route from public transport stops to the home. |  |  |
| 11. Does the client smoke?  AUKS have a No Smoking policy and we kindly ask that clients do not smoke during the visit and for an hour beforehand. |  |  |

**ETHNICITY & DIVERSITY MONITORING**

This information will be separated from the referral form and only used for anonymised monitoring purposes. Thank you.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **What is the client’s age and gender?** | | | | | |
| Client’s age |  | Client’s date of birth |  | Client’s gender |  |
| **What is their ethnic group?**  Choose one section from (a) to (e) and tick the appropriate box to indicate your cultural background | | | | | |
| 1. **White**   British  Irish  Any other White background  *Please write below*  *…………………………….* | | | 1. **Black or British**   Caribbean  African  Any other Black background  *Please write below*  *…………………………….* | | |
| 1. **Asian or Asian British**   Indian  Pakistani  Bangladeshi  Any other Asian background  *Please write below*  *…………………………….* | | | 1. **Mixed**   White and Black Caribbean  White and Black African  White and Asian  Any other Mixed background  *Please write below*  *…………………………….* | | |
| 1. **Other ethnic group**   *Please write below*    *………………………………* | | |