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| **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**

**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.*

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| **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, unobstructedPathways – 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.

|  |
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| **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**

BritishIrishAny other White background*Please write below**…………………………….* | 1. **Black or British**

CaribbeanAfricanAny other Black background*Please write below**…………………………….* |
| 1. **Asian or Asian British**

IndianPakistaniBangladeshiAny other Asian background*Please write below**…………………………….* | 1. **Mixed**

White and Black CaribbeanWhite and Black AfricanWhite and AsianAny other Mixed background*Please write below**…………………………….* |
| 1. **Other ethnic group**

*Please write below* *………………………………* |