**Be Well Community Support Referral**

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| **Completed by:** |  | | | **Date:** |  | |
| **Referral made by *(please circle):*** | **Self** | **Family** | **Organisation *(please state name)*:** | | | |
|  | | | | | | |
| **Has any risk been identified for working in the home? *(please circle):*** | | | | | **Yes** | **No** |
| **If yes, please give details of risk:** | | | | | | |

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| **PERSONAL INFORMATION** | | | | | | | |
| **Surname:** |  | | | **First name:** | |  | |
| **Initial:** |  | | | **Title:** | |  | |
| **Address:** |  | | | | | | |
|  |  | | | | | | |
| **Town:** |  | | | **Postcode:** | |  | |
| **Main telephone number:** |  | | | **Mobile:** | |  | |
| **Email address:** |  | | | **Initial contact type:** | |  | |
| **Gender:** |  | | | **Date of birth:** | |  | |
| **Age:** |  | | | **Marital status:** | |  | |
| **Ethnicity:** |  | | | **Religion or belief:** | |  | |
| **Employment status:** |  | | | **Number in household:** | |  | |
| **Who lives with you?:** |  | | | | | | |
| **Do you live in Supported Housing? *(please circle)*:** | | | | **Yes** | | | **No** |
| **Are you a carer for anyone? *(please circle)*:** | **Partner** | **Children** | **Relative** | **Neighbour** | **None** | | **Other *(please state):*** |

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| **HEALTH AND WELL BEING** | | | | | |
| **GP Practice:** |  | | | | |
| **GP Name:** |  | | | | |
| **Are you registered disabled? *(please circle)*:** | **Yes** | **No** | **If yes, please give further details below:** | | |
|  | | | | | |
| **Please detail any health issues:** |  | | | | |
| **Have you been in hospital as an in-patient in the last month? *(please circle)*:** | | | | **Yes** | **No** |

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| **MAIN REASON FOR REFERRAL** | | | |
| ***Please tick one:***  **Hospital aftercare**  **Support to maintain independence at home**  **Support to access a social/leisure activity**  **Support to access local community facilities**  **Befriending support**  **Support due to a fall** | | | |
| **Please tell us some more about the help and support you need:** | | | |
| **If you have previously used or are currently using Age UK Tameside services, please circle either YES or NO in order to give your consent for this service to access information on file that may help with your support:** | | | |
| **YES** | **NO** | | **Not applicable** |
| **How did you find out about Age UK Tameside services?**  ***(please tick)*:**  **Leaflet**  **Poster**  **Age UK Tameside newsletter**  **Age UK Tameside website**  **Other website/search engine**  **Tameside Radio feature** | | **Social media**  **GP surgery/health professional**  **Recommendation/word of mouth**  **Tameside Reporter feature**  **Local event/information stall** | |