|  |  |  |  |
| --- | --- | --- | --- |
| **Completed By:** |  | **Date:** |  |
| **Referred From:****(please tick)** | **Self** | **Relative**  | **Organisation: (Name)****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **PERSONAL INFORMATION** |
| **Surname:** |  | **Forename:** |  |
| **Initial:** |  | **Title:** |  |
| **Address:** |  |
| **Town:** |  | **Postcode:** |  |
| **Main Telephone Number:** |  | **Mobile Number:** |  |
| **Email Address:** |  | **Preferred Contact:**  |  |
| **Gender:** |  | **DOB:** |  | **Age:** |  |
| **Ethnic Group:** |  | **Not Stated (tick)** |  |
| **Who Lives With You?** | **Number in Household and who:** |  |
|  |  |  |  |  |  |  |
| **Carer for:****(please tick)** | **Relative** | **Wife** | **Partner** | **Children** | **Neighbour** | **Other** |

|  |
| --- |
| **HEALTH & WELL BEING** |
| **GP Practice:** |  |
| **GP Name:** |  |
| **Registered disabled:** | **Yes** | **No** | **Further Information:** |  |
| **Details of regular medications (if applicable):** |  |

|  |
| --- |
| **REASON FOR REFERRAL**  |
|  |
| **NEXT OF KIN / EMERGENCY CONTACT DETAILS** |
| **Name:****Relationship:** |  |
| **Telephone / Mobile:** |  |
| **Address:** |  |
|  |

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| **AWARENESS OF AGE UK TAMESIDE SERVICES** |
| **How did you find out about Age UK Tameside’s services (please tick)?** **🞏 Age UK Promotional Material**  **🞏 Age UK Tameside website or social media**  **🞏 Other website/search engine**  **🞏 Recommendation/word of mouth**  **🞏 Tameside Media**  **🞏 Local event/information stall**  **🞏 GP surgery/health professional** **🞏 Other Agency**  |