**REFERRAL FORM FOR INFORMATION & ADVICE**

**PLEASE FULLY COMPLETE AND EMAIL TO: contact@ageukwalthamforest.org.uk**

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| Date: | Referrer’s Name: | | | Referrer’s contact phone no:  Organisation: | | | | |
| Title: Mr/Mrs/Ms  Male/Female: |  | **First Name:** | **Surname:** | | |  | | **D.O.B / /** |
| Address:  Postcode: | | | | | **Phone:**  **Email:** | | | |
| Has client given consent to this referral?  Yes 🞏 No 🞏 | | | | | **NHS Number:** | | **Ethnicity:** | |
| Health Condition/Disability – please give details:  Client’s GP/SURGERY: | | | | | | | | |
| Do they have Carers YES / NO If yes, are they paid / family? Please state frequency  Are they Mobile? YES / NO If NO (please select): use wheelchair? Housebound? Bedbound?  Do they use aids for walking outdoors or at home? Walking aids please state type / home aids-adaptations /  falls alarm etc  Do they have a Blue Badge? YES / NO | | | | | | | | |
| Employment status:  Retired 🞏 Employed 🞏 Not employed 🞏 Other🞏  What benefits do they currently receive? Please select and give information.  Means tested benefits (UC, JSA, ESA, HB, CTS, PC)  Disability benefits (DLA, PIP, AA)  Other Income (SP, other pensions, other income) | | | | | | | | |
| Type of housing (please select)  Council / Housing / Private rent / Owner / Other please  Association state | | | | | **Living situation:** (please select)  Alone / With partner / With family / Other please state | | | |
| What is the reason for this referral? Please give background information  Benefits🞏  Social care🞏  Housing🞏  Other please state🞏  What support/assistance have you provided and what other referrals have you made for this case? | | | | | | | | |

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