**REFERRAL FORM FOR INFORMATION & ADVICE**

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

|  |  |  |
| --- | --- | --- |
| Date: | Referrer’s Name: | Referrer’s contact phone no: Organisation: |
| Title: Mr/Mrs/MsMale/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 frequencyAre 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 etcDo 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?  |

**PLEASE EMAIL THIS REFERRAL TO: contact@ageukwalthamforest.org.uk**