The Beethoven centre
Third Avenue London W10 4JL
Tel 020 3 004 5610
Email: enquiries@acwestminster.org.uk

Registered Charity No. 1018300

Referring older people to Age UK Westminster's Services

I enclose a copy of our New Complex Needs Advice, Advocacy & Support Service referral form. This service is for people going through a ***significant life change***, examples of which are:

- A bereavement
- Retirement or redundancy
- Relationship breakdown
- A change in your finances
- A change in your care needs
- Your housing is no longer suitable for your needs
- You need adaptations to your current home to make it suitable for your needs
- A deterioration in your health or a reduction in your mobility
- Feeling isolated or lonely

We **cannot** place services with people who have significant mental health problems or where specialist training and support would be required.

Client needs to consent to the referral.

Please email the referral form to Age UK Westminster using the details below,

Warm Regards,

Odette Messiah
Complex Needs Advice, Advocacy & Support Coordinator

email: Odette.messiah@ageukwestminster.org.uk
Tel No: 0203 004 5610

Please complete as fully as possible, Thank You.

Client Details

Name:	DOB:
Address: Postcode: Telephone: Email: National Insurance Number:	Is the client aware of this referral? Ethnicity: English - Preferred Language:

Reason for referral (Please give as much info as possible):			
Does the client live:	□ Alone □ Other - specify	□ With Partner	□ With Family
Mobility:	□ Independent □ With assistance	□ with aids specify □ Dependent	
Health: Medical Diagnosis:	□ Physical	□ Mental Disability	□ Other - specify
Eyesight:		Hearing:	
Continent:		Speech:	

What support does the client receive?

□ Family	□ Neighbours	□ Friends
□ Day Centre	□ M.O.W.	□ Home help
□ District Nurse	□ Care Manager	□ Health Visitor
□ Carer:	□ Other - Please specify	

Other contact details:

GP's Name:	Next of Kin Contact - in case of emergency

, Postcode: Telephone: Email:	<table><tr><th>Name</th><th>Address</th><th>Telephone</th><th>Mobile Telephone</th><th>Type</th></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table>
Are there any cultural, religious or language factors that we should be aware of?	
Any additional comments:	

Referrers details:

Name: Relationship to client: Telephone: Email:	Organisation:
Signed by referrer:	Date of referral:

Office Use Only:
Date Received: By:
Date Assessed: By:
Accepted/Declined/Referred to other services:
Allocated to: