

| Referral to our services – Contact details | | Date completed: |
|--|---|-----------------|
| The person being referred | | |
| Surname: | Forename: | Preferred name: |
| Title: Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mr <input type="checkbox"/> Other <input type="checkbox"/> | | |
| Date of birth: | Gender: Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> | |
| Current age: | Other <input type="checkbox"/> If other, please specify: | |
| Home address: | Telephone no: | |
| Postcode: | Mobile no: | |
| Email address: | | |
| Languages spoken (other than English): | | |
| Next of kin (or emergency contact) details | | |
| Surname: | Forename: | Preferred name: |
| Relationship to user: | | |
| Email address: | | |
| Telephone: | Mobile: | |
| The person making the referral | | |
| Name: | Relationship to Service User/Agency: | |
| Email address: | Telephone no: | Mobile no: |

Background Information

Reason for referral:

What services are they interested in? Befriending Groups & Activities

Other (please specify):

Living situation

Does the Service User live alone? Yes No

If no, please state who they live with and their relationship with the other person(s):

Is the Service User a carer? Yes No

Can the Service User let visitors into the home independently? Yes No

If no, please give details or access instructions

Tick if they have a pet Please state what type:

Does the Service User have any mobility issues? Yes No

If yes, please give details:

Please state the Service User's current social contact/support network (including neighbours/family/district nurses/day centre/other voluntary sector organisations etc.):

Is the Service User receiving a care package? Yes No

If yes, please provide the name and contact details of the care agency:

In what type of accommodation does the Service User live? Flat Sheltered Housing
House Maisonette Other If other, please specify:

Are there steps/stairs? Yes No

Physical health

Does the Service User have any physical health needs? Yes No Prefer not to say
How do these impact on the Service User's life?

Does the Service User smoke? Yes No

Does the Service User have: Diabetes Epilepsy

Mental health

Does the Service User have any mental health concerns? Yes No Prefer not to say
How do these concerns present?

Dementia

Has the Service User had a formal diagnosis of dementia? Yes No
What type of dementia was diagnosed?

Date of diagnosis: Where was the diagnosis made?

Name of family member/carer to contact:

Email address:

Telephone no:

Postal address:

Is the Service User known to Alzheimer's Society? Yes No Don't know

Other Information

Does the Service User have a history or evidence of:

Violence/threatening behaviour? Yes No Prefer not to say Unknown

Drug or alcohol abuse? Yes No Prefer not to say Unknown

Is there any other information about the Service User that would assist us in the provision of our service?

GP contact details

Name of GP:

Name of surgery:

Telephone no:

Monitoring Information

This section is optional. Any information given will be used only for general data reporting and/or to monitor equal opportunities and diversity policies.

Ethnic group

| | |
|---|---|
| White – British <input type="checkbox"/> White – Other White background <input type="checkbox"/> | Black or Black British – African <input type="checkbox"/> Black or Black British – Caribbean <input type="checkbox"/> Black or Black British – Other Black background <input type="checkbox"/> |
| Asian or Asian British – Bangladeshi <input type="checkbox"/> Asian or Asian British – Chinese <input type="checkbox"/> Asian or Asian British – Indian <input type="checkbox"/> Asian or Asian British – Pakistani <input type="checkbox"/> Asian or Asian British – Other Asian background <input type="checkbox"/> | Mixed – White and Asian <input type="checkbox"/> Mixed – White and Black African <input type="checkbox"/> Mixed – White and Black Caribbean <input type="checkbox"/> Mixed – Any other mixed background <input type="checkbox"/> |
| Arab <input type="checkbox"/> Latin American <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> If other, please specify: Prefer not to say <input type="checkbox"/> Not Known/Not Stated <input type="checkbox"/> | |

Disability

Is the Service User registered disabled? Yes No Prefer not to say
Do they consider themselves as disabled? Yes No Prefer not to say

Sexual orientation

Heterosexual/straight Lesbian/Gay woman Gay man Bi-sexual
Other If other, please specify:

Prefer not to say Not Known/Not Stated

Gender identity

Is the gender identity, stated on p.1, the same as the sex assigned at birth?
Yes No Prefer not to say

GDPR - Legitimate Interest

By completing this form, you accept that the information provided will be stored electronically and shared with the partners as listed above. The sharing of information will enable us to more effectively work to support you to access the services you have identified in this form.

We recommend that you save this file with a password, and forward that to us separately, or use a secure file transfer service to submit this referral to the relevant organisation.