

## AGE UK BARNSELEY BEFRIENDING SERVICE REFERRAL FORM

Referrer details				
Date of Referral		Name of person making referral		
Name of referring agency/or family member?		Contact details, tel and email		
Applicant Details				
Name		Tel No:		Contactable by phone
DOB		NHS Number		
Address				
Applicants personal circumstances / reason for the referral				
Applicants medical issues	Details	Contact details of Agencies involved		
General Health				
Mobility				
Hearing				
Eyesight				
Memory				
Mental Health				
Substance abuse				
Other				
Details of applicants next of kin / Emergency contact				
Name		Relationship to applicant		
Address & Post code		Contact Details		

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<b>Review of Applicants Loneliness and isolation status</b>	
Contact from family/friends/ neighbours etc (how often)	
Does the applicant go out or are they housebound? (please give details below)	
Are any care agencies already involved? (please give details below)	
Clients interests / hobbies in brief	
Does applicant have any pets? <i>(Please circle which applies)</i>	Yes      No
Does the applicant agree not to smoke during visit? <i>(Please circle which applies)</i>	Yes      No
Any known risk to lone workers from applicant or other contacts associated with client?	
Any other comments?	

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Ethnicity: What is applicants ethnicity?								
<ul style="list-style-type: none"> <li>• Arab</li> <li>• Asian – Bangladeshi</li> <li>• Asian – British</li> <li>• Asian – Chinese</li> <li>• Asian – Indian</li> <li>• Asian – Pakistani</li> <li>• Black – African</li> <li>• Black – British</li> <li>• Black – Caribbean</li> <li>• Mixed - White and Asian</li> <li>• Mixed - White and Black African</li> <li>• Mixed - White and black Caribbean</li> <li>• White - British / English / Welsh / Scottish / Irish / Northern Irish</li> <li>• White - Gypsy or Traveller</li> <li>• Other</li> <li>• Prefer not to say</li> </ul>					Notes			
Disability: Does the applicant consider themselves to have a disability? (please tick which applies)		Yes		No		Prefer not to say		
Do you want to tell us about your disability? If so please use this space →								

Please tick all services applicant is interested in:				
Home visitor	Telephone befriender	Pub lunch Monthly	Allsorts club	Cre-activity Group

Referrer please sign and date here →		Date	
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