**Befriending & Re-ablement Service Referral Form**

BRS----

The information requested below will allow the service to offer your client a comprehensive support package that better reflects their needs.

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| **Eligibility Check** | | | |
| **Age** | **D.O.B** | **Sefton Resident** Yes No | **Sefton GP**  **Yes No** |
| **Personal Details** | | | |
| Referral Date: | | | |
| Title: | | | |
| First Name: | | | |
| Surname: | | | |
| Client’s Preferred Name: | | | |
| Address Line 1: | | | |
| Address Line 2: | | | |
| Town/City: | | | |
| Postcode: | | | |
| Telephone Number: | | | |
| Mobile: | | | |
| Email Address: | | | |
| Gender: | | | |
| Do you have any pets? *(If yes give details)* | | | |
| Do you have any history of dementia? | | | |
| Do you have any history of mental health issues? | | | |
| Is it safe for a Befriending Officer/Volunteer to visit? Yes No | | | |
| Age Concern Liverpool & Sefton offer a range of products and services for the over 50’s would you like to receive information and newsletter Yes No | | | |
| Where did you hear about the service: | | | |
| **GP Details** | | | |
| G.P Name: | | | |
| Address: | | | |
| Email Address | | | |
| Telephone Number: | | | |
| NHS Number: | | | |
| Client Information | | | |

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| **Next of kin / contact person details** | |
| **I confirm that my next of kin is happy for Age Concern Liverpool & Sefton to retain their data**  ***Signed:  Date****:*  Full Name ---------------------------------  Signature ---------------------------------  Date --------------------------------- | **I confirm that my next of kin is happy for Age Concern Liverpool & Sefton to retain their data**  ***Signed:  Date****:*  Full Name ---------------------------------  Signature ---------------------------------  Date --------------------------------- |
| Name: | Name: |
| Address: | Address: |
| Telephone Number: | Telephone Number: |
| Mobile Number: | Mobile Number: |
| Email Address: | Email Address: |
| **Referrer Details** | |
| Type of referral (please complete)  (*if other please give details below)* | |
| Referrer Name: | |
| Referrer Address: | |
| Referrer Postcode: | |
| Referrer Telephone Number: | |
| Referrer Email Address: | |