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| **Self and Non Professional Referral Form** |
| Please ensure that you have the permission from the individual for this referral. Please note that our office number **01275 333700** is an answer machine with messages being collected Monday – Thursday 9am – 4pm.  For direct phone referrals and to provide confidential information call Project Manager Denise Perrin on **07973 148699**. Thank you for your referral. |

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| 1 | Is this a Self referral or for someone else?  (if Self go to Question 4 onwards ) |  |
| 2 | Your name and contact details? |  |
| 3 | What is your relationship to the person you would like us to help? |  |
| 4 | Name of the person who you would like us to help? |  |
| 5 | Contact details. |  |
| 6 | Please indicate if you or the person asking for help prefers to be visited away from the home address. |  |
| 7 | Date of Birth |  |
| 8 | What is the preferred means of communication? Phone call? Letter or email? Interpreter? (please give more details) |  |
| 9 | Next of kin, family member or trusted friend who helps with communications or is required to be in attendance. |  |
| 10 | Primary reason for this referral. Please do not include medical history on this form but you can indicate if the issue relates to a medical condition. We will call you for more details if needed. |  |
| 11 | Please indicate if other organisations or professionals are currently involved. Is their support directly related to the reason for your referral? |  |
| *The following questions relate to the person who is asking for our help. As we make home visits we need to understand more about the property we are visiting.* | | |
| 12 | Does the person asking for a visit need time to get to the door or have a key safe or entry system? Do not provide codes or secure information on this form. |  |
| 13 | Is there a dog at this property? Please advise us if we need to take precautions or remind the person to place the pet in another room. |  |
| 14 | Is there parking at the address or any issues we should be aware of relating to safe parking? |  |
| 15 | Is there any reason why our staff should not visit this person alone? Call Denise Perrin with details on 07973 148699 as we may reject this referral request. |  |
|  | Please add any further information here. |  |