



Advocacy in Barnet – Referral Form
Must reside in Barnet and be aged over 50 years



Date of request:		Case Number:	
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Name of Referrer:	
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Email Address:	
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Contact Number:	
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REFERRAL SOURCE:	<input type="checkbox"/> Self-referred <input type="checkbox"/> Relative / Friend <input type="checkbox"/> Social Services <input type="checkbox"/> GP <input type="checkbox"/> Consultants <input type="checkbox"/> Helpline - Please Specify: _____ <input type="checkbox"/> Other – Please Specify: _____
<input type="checkbox"/> Practitioner <input type="checkbox"/> LGBT services <input type="checkbox"/> Clinical Nurse Specialist <input type="checkbox"/> Other Voluntary Organisation	

How did you hear about AIB?

CLIENT DETAILS

Mr Mrs Miss Ms Other: _____

Forename:		Surname:	
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Preferred Name:		Date of Birth:		Age:	
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Home address including post code:			
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Contact details:	Phone:	Mobile:	Email:
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Other organisations involved:
 How long since last contact?
Social Services referrals:
 How many visits have been made to the client?
 When was the most recent visit to the client?
 Are there any forthcoming meetings planned?

Housing Association-

INITIAL REFERRAL ISSUES

What are his / her advocacy needs (please tick appropriate, feel free to tick more than one):

Advocacy under Care Act	Future Care
Needs assessments	Advance Care Plan
Continuing care assessments	Registering as an organ donor
Support care planning	Discussing DNAR
Care & support review	
Accommodation issues	Hospital Advocacy
Housing transfer	Transitions
Sale of property	Care in hospital
Maintenance and repairs	Discharge procedure
Tenancy issues	Discharge aftercare package

Other advocacy issues:		Financial Issues	
		Financial abuse	
		Liaising with banks/ utilities	
		Equipment & adaptations	
Health Background			
Any long-term conditions, e.g. Parkinson's disease, multiple sclerosis, chronic obstructive pulmonary disease (COPD), diabetes, cancer, arthritis, etc.			
If cancer: please state type of cancer			
Does the client have caring responsibilities for a dependent or loved one(s)?			
Dementia			
Do you require emotional support?			
Hearing impairment			
Learning difficulty including autism			
Multiple impairments: please state			
Physical impairment(s)			
Registered disabled [yes/no]			
Visual impairment			
Other: please state			
Background to request:			
Is the client aware that a referral has been made?			
Is there any challenging behaviour or health and safety risk?			
Any other useful information:			
TO BE COMPLETED BY			
Request taken by:		Information transferred to request book:	

Client - I consent to Advocacy in Barnet holding my personal data and I have read the Privacy Policy as per GDPR effective 25 May 2018

Referrer - I consent to AIB holding my personal data. I confirm that the client has consented to my sharing their personal data with you and agree that their data will be held by Advocacy in Barnet for the purposes of providing advocacy support.

Our Privacy Policy is available on our website: <https://advocacyinbarnet.org.uk/privacy-policy/>