

Community Based Services Referral Form to Refer Friend/Relative

ABOUT YOU

Title		Surname		Forename	
Address			Date of Birth		
Post Code		Telephone Number			
Mobile Phone		Email Address			

ABOUT THE PERSON YOU WANT TO REFER.

Title		Surname		Forename	
Address			Date of Birth		
Post Code		Telephone Number			
Mobile Phone		Email Address			

Does the person you are referring have any speech difficulties?	YES		NO	
If Yes to above question please explain				
Does the person you are referring have any hearing difficulties?	YES		NO	
If Yes to above question please explain				
What is their first language?				
Is an interpreter needed?				
Has an interpreter been arranged (if required)?				

What is the name of their GP?				
GP Address				
Post Code	Telephone Number			
Is the person aware of this referral?			YES	
			NO	

Why do you want to refer your friend/relative to Community Based Services?

(Please give some brief comments about what they need help with)

Are there any family /friends/carers who are helping them in any way?

Please comment

Are there any carers, who help the person you are referring, who would like to have their needs as a carer assessed? If yes please give their name and address.

Thank you for completing this form, please send it to the address below; -

Adult Social Care Direct, Gateshead Civic Centre, Regent Street, Gateshead, NE8 1HH
Telephone 0191 4337033 or Fax 0191 4332334

Please be aware that we will share the details you provide on this form with internal departments or external agencies, only where this is necessary, in order to further your referral.