

### Carers Phone Friends Referral Form

All fields marked with a \* are required. If this information is missing, your referral will be returned to you until the information is obtained.

Referral date		Name*	
Lives alone *		Address*	
Phone Number*		Date of Birth*	
Mobile number		Ethnicity	
Emergency contact or next of kin (name and phone number) *		If client has care package – provide name and phone number of agency and times per day *	

	Details
Type of accommodation	(e.g. assisted living, local authority/Housing association etc)
Speech/Hearing impairments*	
Dementia/Confusion*	(provide details of level of memory issues)
Any complexities that we should be aware of *	
Any medical issues of note or mobility issues	(Will they need more time to get to phone etc)
Any recent bereavements	

Support/contact with Family	
Support/contact with neighbours and friends	
Might they consider being a volunteer and be matched with 3 others for calls?	Y/N (this would enable us to match them more quickly, training and expenses provided)

Brief background and interests *	(e.g. where he/she is from, previous employment, hobbies)
Any other details that would assist us	
Availability for calls *	(morning, afternoon, evening, weekdays/ weekends, days to avoid etc - more availability can mean a quicker match)

Referrer Name	
Organisation	
Contact details	
Carers services handbook already provided	Y/N
Are they signed up to Care Matters? If not would they like to be?	
If you are referring from the outside organisation can you please tell us where you heard about our service.	(Age UK, Adult social care, GP, Support groups etc)