|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SEAS ‘Hello Life’ REFERRAL FORM** | | | | | | | | |
| **ID #** | | **Date of referral** | | | | **Any known lone worker risk?** | | |
|  | |  | | | |  | | |
| **VERBAL CONSENT RECEIVED** | | **Y / N** | **Data Protection statement read out** | | | | | **Y / N** |
| **Title and name** |  | | | | | | | |
| **Address** |  | | | | | | | |
| **Town and postcode** |  | | | | | | | |
| **Telephone number** |  | | | | | | | |
| **Date of birth / age** |  | | | **Gender** | F / M / Couple | | **Lives alone?** |  |
| **Description of issue** | | | | | | | | |
|  | | | | | | | | |
| **Please Note – unfortunately we are unable to assist any persons who lack mental capacity/and or physical ability to access activities independently, any persons with care needs will need their carer in attendance** | | | | | | | | |
| **Mobility –** Please advise | | | | | | | | |
| **Has capacity been assessed? YES/NO If yes, what is the outcome?** | | | | | | | | |
| **Additional information** *– e.g. benefits already received social worker involvement, housing info, mental health or medication conditions, info for lone workers etc.* | | | | | | | | |
|  | | | | | | | | |
| **Emergency Contact/NOK** (optional)  **Verbal consent received** Y/N | | | | | | | | |
| Pets  Parking  Can they visit the office Stairs at property Access to computer / internet  | | | | | | | | |
| **OFFICE USE - Referee name, contact**  **details, Organisation** |  | | | | | | | |
| **Where did they hear about our service?** |  | | | | | | | |
| **Feedback provided** |  | | | | | | | |