**CLIENT REFERRAL FORM**

We will review referral and come back to you with next steps

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title | Mr  Ms  Miss  Mrs  Dr  Prof | | | | | | | | |
| First Name |  | | | | | | | | |
| Last Name |  | | | | | | | | |
| Email Address | |  | | | | | | | |
| Sign up to our newsletter | | Yes  No | | | | | | | |
| Telephone Number | |  | | | Permission to call | | | Yes  No | |
| Mobile No | |  | | | Permission to call/text | | | Yes  No | |
| Address | |  | | | | | | | |
| Interests/Hobbies | |  | | | | | | | |
| **Referral Type: Please Select** | | | | | | | | | |
| Homeless | |  | Housing advice | | |  | Benefit advice | |  |
| Activities | |  | Mental Health | | |  | Dementia | |  |
| **Please Select** | | | | | | | | | |
| Self-referral | |  | Private | | |  | Statutory | |  |
| Internal – Ashford Place | |  | Carer | | |  | Voluntary | |  |
| Name of Referral Organisation | | | |  | | | | | |
| Name of the Person making the Referral  Telephone No./ Mobile  Email | | | |  | | | | | |
| Referral Notes - **Please provide a short summary of why referral is being made** | | | | | | | | | |
|  | | | | | | | | | |
| Is the client a Brent resident? | | Yes  No | | | | | | | |
| **For Dementia and Mental Health referral only** | | | | | | | | | |
| Date of diagnosis | | **Dementia**  **Mental Health** | | | | | | | |
| NHS Number | |  | | | | | | | |
| Name of GP (Leave blank if same as referrer details)  Name & Address GP Practice  Telephone No.  Please indicate if you consent Ashford Place sharing information with your G.P and G.P practice team: | | Yes        No | | | | | | | |
| GP Practice code | |  | | | | | | | |
| Name of Primary Care Dementia Nurse (PCDN) if applicable:  Telephone:  Email: | |  | | | | | | | |

DEMOGRAPHICS

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Gender | | Male  Female  Other  Please specify: | | | | | | | | | | | | | | | | | | | | | | | |
| Birthday | | |  | | | | | | | | | | First Language: | | | | | | |  | | | | | |
| Nationality | | |  | | | | | | | | | | Preferred Language: | | | | | | |  | | | | | |
| **Marital Status** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Single |  | | | | Divorced | | | | |  | | In a couple | | | |  | | | Not Known | | | | |  | |
| Married |  | | | | Separated | | | | |  | | Other Relationship | | | |  | | |  | | | | |  | |
| **Ethnic Original** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Asian or Asian British – Bangladesh | | | | | | | | |  | | Black or Black British – African | | | | | | | | | |  | | Mixed – Other | |  |
| Asian or Asian British – Pakistani | | | | | | | | |  | | Black or Black British – Caribbean | | | | | | | | | |  | | White – British | |  |
| Asian or Asian British – Indian | | | | | | | | |  | | Black or Black British – Other | | | | | | | | | |  | | White – Irish | |  |
| Asian or Asian British – Chinese | | | | | | | | |  | | Mixed – Asian & White | | | | | | | | | |  | | Gypsy/Irish Traveller | |  |
| Asian or Asian British – Other | | | | | | | | |  | | Mixed – Black African & White | | | | | | | | | |  | | White – Other | |  |
| Arab | | | | | | | | |  | | Mixed – Black Caribbean & White | | | | | | | | | |  | | Other – Ethnic | |  |
| Kurdish | | | | | | | | |  | | Pashtun | | | | | | | | | |  | | Prefer not to say | |  |
|  | | | | | | | | |  | | Persian | | | | | | | | | |  | |  | |  |
| **Sexual Orientation** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bisexual | | | | | | |  | Lesbian | | | | | | |  | | Other | | | | | | |  | |
| Gay | | | | | | |  | Heterosexual | | | | | | |  | | Prefer not to say | | | | | | |  | |
| **Religion** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Buddhist | | | |  | | Muslim | | | | | |  | | Non-Believer | | | |  | | | | Zoroastrian | |  | |
| Christian | | | |  | | Jain | | | | | |  | | Rastafarian | | | |  | | | | Other | |  | |
| Hindu | | | |  | | Jewish | | | | | |  | | Sikh | | | |  | | | | Prefer not to say | |  | |

IN CASE OF EMERGENCY

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Contact |  | Relationship to you |  |
| Contact Number/s |  | | |

DISABILITY & LEARNING DIFFICULTIES

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Disabilities** | | | | | |
| Visual Impairment |  | Hearing Impairment |  | Profound Complex |  |
| Temporary Disability after Illness |  | Mental Health |  | Dementia |  |
| Disability Affecting Mobility |  | Multiple Disabilities |  | Other Medical |  |
| Emotional/Behavioural Disability |  | Rheumatoid Arthritis |  | None |  |
| **Learning Difficulties** | | | | | |
| Moderate Learning Difficulty |  | Multiple Learning Difficulties |  | Dyscalculia |  |
| Severe Learning Difficulty |  | Other Learning Difficulty |  | Dyslexia |  |

To the best of my knowledge, the personal details on this form are accurate and complete. I note that these details will be processed by Ashford Place under the principle of the General Data Protection Regulations GDPR. I understand that Ashford Place is required to provide my personal information for statistical purposes to Ashford Place contracted funders. This data will be retained while I am an active client and 24 months thereafter.

|  |  |  |  |
| --- | --- | --- | --- |
| Client’s Signature | (Type your name as signature) | Date |  |

For more information on how and why we store data please see our transparency notice on the Ashford Place Website:

[www.ashfordplace.org.uk/ privacy-policy](https://www.ashfordplace.org.uk/privacy-policy)

Once completed, please email this form to: [info@ashfordplace.org.uk](mailto:info@ashfordplace.org.uk)

or post to:

Ashford Place | 60 Ashford Road | London | NW2 6TU