**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 ReferralTelephone No./ MobileEmail |                 |
| 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:       |
| Date of Birth |       | 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 |[ ]   |  |
| **Please specify ethnicity if not listed and you wish to do so:**       |
| **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 6 years thereafter.

|  |  |  |  |
| --- | --- | --- | --- |
| Client’s Signature |      (Type your name as signature) | Date | Click or tap to enter a 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

or post to:

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