



Advocacy in Barnet – Referral Form
Must reside in Barnet and be aged over 50 years



Date of request:		Case Number:	
Name of Referrer:			
Email Address:			
Contact Number:			
REFERRAL SOURCE:	Self: How did you hear about AIB?	Relative / Friend	Social Services
			GP
Consultants	Macmillan Services – please specify	LGBT services	Clinical Nurse Specialist
			Voluntary Organisation

CLIENT DETAILS

Mr		Mrs		Miss		Ms		Other	
Forename:		Surname:							
Preferred Name:		Date of Birth:		Age:					
Home address including post code:									
Contact details:	Phone:		Mobile:		Email:				

Other organisations involved:
 How long since last contact?

Social Services referrals:
 How many visits have been made to the client?
 When was the most recent visit to the client?
 Are there any forthcoming meetings planned?

INITIAL REFERRAL ISSUES

What are his / her advocacy needs (please tick appropriate, feel free to tick more than one):

Advocacy under Care Act	Future Care
Needs assessments	Advance Care Plan
Continuing care assessments	Funeral Planning
Financial assessments	Registering as an organ donor
Support care planning	Discussing DNAR
	Lasting Power of Attorney

Accommodation issues		Hospital Advocacy	
Housing transfer		Care in hospital	
Sale of property		Discharge procedure	
Maintenance and repairs		Discharge aftercare package	
Tenancy issues			
Transitions			
Cancer Advocacy		Financial Issues	
Support at appointments/consultations		Financial abuse	
Transport issues		Liaising with banks/ utilities	
Blue badge & Freedom Pass		Consumer rights & compensation	
		Equipment & adaptations	
Other advocacy issues:			
Health Background			
Cancer: please state type			
Caring responsibilities			
Dementia			
Emotional: please state			
Hearing Impairment			
Learning Difficulty including autism			
Long term health conditions: please state			
Multiple Impairments: please state			
Physical Impairment			
Registered disabled yes/no			
Visual Impairment			
Other: please state			
Background to request:			
Is the client aware that a referral has been made?			
Is there any challenging behaviour or health and safety risk?			
Any other useful information:			
TO BE COMPLETED BY			
Request taken by:		Information transferred to request book:	