



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



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

Consultants	Macmillan Services – please specify	LGBT services	Clinical Nurse Specialist	Voluntary Organisation	Helpline Please Specify	Other
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CLIENT DETAILS

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

Housing Association-

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
Care & support review	
Accommodation issues	Hospital Advocacy
Housing transfer	Transitions
Sale of property	Care in hospital
Maintenance and repairs	Discharge procedure
Tenancy issues	Discharge aftercare package

Cancer Advocacy		Financial Issues	
Support at appointments/consultations		Financial abuse	
		Liaising with banks/ utilities	
		Equipment & adaptations	
Other advocacy issues:			
Health Background			
Any long-term conditions, e.g. Parkinson's Disease, Multiple Sclerosis, Chronic obstructive pulmonary disease (COPD), Diabetes, arthritis, etc.			
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:	