

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

Consultants	Macmillan Services – please specify	LGBT services	Clinical Nurse Specialist	Voluntary Organisation	Other: Please Specify
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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?

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

Cancer Advocacy		Hospital Advocacy	
Support at appointments/consultations		Care in hospital	
Transport issues		Discharge procedure	
		Discharge aftercare package	
Accommodation Issues		Financial Issues	
Housing Transfer		Financial Abuse	
Sale of property		Liaising with banks/utilities	
Maintenance and repairs		Consumer rights and compensation	
Tenancy Issues		Equipment and adaptations	
Transitions			
Other advocacy Issues			
Blue badge and Freedom Pass			
Equipment and adaptations			
Health Background			
Cancer: please state type			
Caring responsibilities			
Dementia			
Emotional: please specify			
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 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:	