

# CONFIDENTIAL CLIENT REFERRAL FORM (BE-FRIENDING SERVICE)

**\* Please see Eligibility Criteria before completing this form. Please ensure you provide as much information as possible with your referral - section in Red for office use only\***

**Reference No.**

/ /

**Date of Referral**

/ /

**Service Start Date**

/ /

**Client Details:**

<b>Title</b>	<input type="text"/>	<b>First Name</b>	<input type="text"/>
<b>Surname</b>	<input type="text"/>		
<b>Address</b>	<input type="text"/>		
<b>Post Code</b>	<input type="text"/>		
<b>Telephone No.</b>	<input type="text"/>	<b>Email</b>	<input type="text"/>
<b>D.O.B</b>	<input type="text"/>	<b>Age</b>	<input type="text"/>
		<b>Council Ward</b>	<input type="text"/>

**Contact  
Details of  
Referencing  
Agency:**

<b>Name</b>	<input type="text"/>		
<b>Agency</b>	<input type="text"/>		
<b>Contact no.</b>	<input type="text"/> (Office)	<input type="text"/> (Mobile)	
<b>Email</b>	<input type="text"/>		

**Next of Kin:**

<b>Title</b>	<input type="text"/>	<b>First Name</b>	<input type="text"/>
<b>Surname</b>	<input type="text"/>		
<b>Relationship to Client</b>	<input type="text"/>		
<b>Home Address</b>	<input type="text"/>		
<b>Post Code</b>	<input type="text"/>		
<b>Email Address</b>	<input type="text"/>		
<b>Telephone Home</b>	<input type="text"/>		
<b>Telephone Mobile</b>	<input type="text"/>		

**GP Details:**

<b>GP Name</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>
<b>Post Code</b>	<input type="text"/>
<b>Telephone</b>	<input type="text"/>

<b><u>Current Services in place:</u></b>	
<b><u>Medical Issues / Disabilities:</u></b>	
<b><u>Any other Relevant Information (e.g. Care Plan /Key Safe:</u></b>	
<b><u>Is Client a Carer</u> <u>If so, for whom:</u></b>	

**Client Checks - If 'YES' to any question, please obtain and add relevant details:**

Sight Problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hearing Difficulty	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Difficulty Walking	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wheelchair/Walker	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Driver / Public Transport	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does client have A Blue Badge	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Does Client Require a Befriending**

i) Telephone Call	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ii) Home Visits	Yes <input type="checkbox"/>	No <input type="checkbox"/>
iii) Referral to Neighbourhood Care Group	Yes <input type="checkbox"/>	No <input type="checkbox"/>
iiii) Keeping in Touch	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Other**

**CNCA INFORMATION ONLY:**

**Allocated To:**

**Date:**

**Added to Excel:** ☐ ☐

**Spreadsheet:** Yes No

**Referred to** ☐ ☐

**Another Agency:** Yes No

**If Yes, what Agency:**

**Date:**

**What Service:**

**Start date of Service:**

**Client Notes  
(Include Needs and Circumstances):**

**Any Additional Notes:**

**Ethnicity:**

- |               |                                    |                          |                                |                          |                               |   |
|---------------|------------------------------------|--------------------------|--------------------------------|--------------------------|-------------------------------|---|
| <b>White:</b> | <b>White British</b>               | <input type="checkbox"/> | <b>White Irish</b>             | <input type="checkbox"/> | <b>Other White Background</b> | <input type="checkbox"/>                              |
| <b>Black:</b> | <b>Black African</b>               | <input type="checkbox"/> | <b>Black Caribbean</b>         | <input type="checkbox"/> | <b>Other Black Background</b> | <input type="checkbox"/>                              |
| <b>Asian:</b> | <b>Indian</b>                      | <input type="checkbox"/> | <b>Pakistani</b>               | <input type="checkbox"/> | <b>Bangladeshi</b>            | <input type="checkbox"/>                              |
|               | <b>Other Asian</b>                 | <input type="checkbox"/> |                                |                          |                               |   |
| <b>Mixed:</b> | <b>White &amp; Black Caribbean</b> | <input type="checkbox"/> | <b>White and Black African</b> | <input type="checkbox"/> | <b>White &amp; Asian</b>      | <input type="checkbox"/>                              |
|               |                                    |                          |                                |                          |                               | <b>Other Mixed</b> <input type="checkbox"/>           |
| <b>Other:</b> | <b>Arab</b>                        | <input type="checkbox"/> | <b>Chinese</b>                 | <input type="checkbox"/> | <b>Other</b>                  | <input type="checkbox"/>                              |
|               |                                    |                          |                                |                          |                               | <b>Do not wish to answer</b> <input type="checkbox"/> |

**Action taken:**

**How did Client hear about CNCA?**