NORTH BERWICK DAY CENTRE

6. St. Andrew Street
NORTH BERWICK
Tel. 01620 890906
e-mail: –info@nbdaycentre.org.uk

REFERRAL FORM

Name of referrer: Date of referral:
Relationship to client: Tel no:.
Contact address: email address:

INFORMATION ABOUT POTENTIAL MEMBER

Name:
Address:

Tel no:
Date of Birth:
KEY SAFE NO.

Name of G.P.:
Address:

Tel no.:

Name of Social Worker:
Tel no.:
Other health professional, e.g., Day Hospital, O.T., CPN
Tel no.:

Next of Kin: Relationship to client:
Address: Tel no.
Email address:

2nd Next of Kin: Relationship to client:
Address: Tel no.
Email address:

Other contact in emergency ……..

Does the client live alone? Y/N
Who lives with the client?
Type of house – upper/lower flat house with/without stairs
sheltered housing

Is the client aware of the referral? Y/N

Over

Does the client have care going in to support them to live at home?
Name of Service Provider…….
How often……
What tasks does the service offer help with?

Personal hygiene Medication Cleaning Companionship

Date of most recent Community Care Assessment for:
Client -
Carer -

Reason for referral:……..

Relevant information relating to medical conditions eg.

Dementia
Communication Problems
Word finding
Diabetes
Parkinsons
Stroke
Other Neurological Conditions

Heart conditions

Other medical conditions

Will client require medication during club hours?
Will client require to be prompted to take medication?

Allergies to food/other

Swallowing problems

Nutritional requirements

Over

Continence

Assistant required with pad changes……
Assistance required with catheter…….
Only verbal prompting of both required……

Mobility

Walking aids used…….
Assistance required……
Balance poor / good……..

Sight

Wears spectacles long distance / reading
Approach from left / right side

Hearing

Wears hearing aid R ear L ear Both ears

Any other relevant information…….

Is the client aware of £10.00 cost to cover meal, transport and entertainment?

Over

SOCIAL INFORMATION

Family:

Previous occupation:

Church:

Hobbies:

Particular interests that the client would like to achieve at the Day Centre:

Thank you for taking the time to complete this form