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**Good Neighbour Scheme - Referral form**

**To be completed by SCCCC staff**

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| **JOB NUMBER:** |  | **RECCE DATE:**  **COMPLETED BY:** |
| **Preferred times/dates for friendly visiting?** |  |  |
| **Any specific volunteer requests (i.e. M/F)** |  |  |
| **Any specific points to discuss with volunteer** |  |  |
| **Community language and country of birth** |  |  |

**Referrer to complete**

**Date:**  **Time:**

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| **Personal information** | |
| **Client name** |  |
| **Client address** |  |
| **Contact telephone numbers** |  |
| **Date of birth** |  |
| **Age** |  |
| **Gender** |  |
| **Ethnicity** |  |
| **Smoker?** |  |
| **Any pets?** |  |
| **Key safe?**  **Location/code** |  |

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| **Does the patient give their consent for us to keep their details and to contact them in regard to our services?** |  |
| **Can we contact them directly?** |  |
| **What services would they be interested in?**  **(Penpal/Telephone support/Friendly visiting)** |  |
| **Any impairments or long term illnesses?**  **Please consider:** Hearing/Eyesight/Mobility/Memory issues  Long standing illnesses/Disability/Dementia Mental health/End of life care/Palliative |  |
| **Does the client have a DNAR in place?** |  |
| **If any mental health diagnosis, please give details of professional contact working with client currently.** |  |
| **Are there any safety concerns of any kind we would need to be aware of?** |  |
| **Which GP the client is registered with?** |  |
| **Does the client live alone?** |  |
| **Background information**  **(Hobbies/previous work/situation)**  **(Family and friend support)** |  |
| **Next of kin/Contact person**  **Contact telephone number** |  |
| **Does the client have a care package?**  **Which care company?**  **How many visits per day?**  **What are they helping the client with?** |  |
| **Who does the client’s shopping and cleaning?** |  |

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| **Referrer full name** |  |
| **Job Title** |  |
| **Contact telephone number** |  |
| **Email address**  **(We may email to ask for feedback.)** |  |
| **Location/base** |  |

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| **Any other relevant information?** |
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**Thank you for referring to the Good Neighbour Scheme. When completed, please email this form to** [**scccc.referrals@nhs.net**](mailto:scccc.referrals@nhs.net)

**If we require any further information we will be in touch. If you need to contact us please call 0114 2505292.**