**Referral Form - ALONE Befriending Service**

*Please read the Befriending Service Referral Information Sheet before completing the form.* ***Where possible please complete this form with the person who is being referred.***

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| **Details of Person Referred:** | |
| **Name** |  |
| **Address** |  |
| **Phone Number** |  |
| **Date of Birth**  *Age must be 60+* |  |
| **Please State One Emergency Contact Person**  *Name, Relationship, Contact Details etc.* |  |

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| **Type of Referral:**  External Agency  Internal Referral  Self-Referral  Family/Friend |
| **If not a Self-Referral please provide Referrer Contact Details:** (Name, Contact Number, Organisation, Email, etc.) |
| **If this is not a self-referral, is the person aware that the referral is being made?**  Yes  No  *It is essential that the person being referred is aware of the referral and wants to be referred for befriending.* |
| **How did you hear about the ALONE Befriending Service?**  Word of Mouth  Media/Advertising  Website  Other Agency/Colleague  Other |

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| **What are the Primary Reasons for Loneliness/Isolation leading to this referral?**  *Please circle or highlight:*  Mobility difficulties Physical health Visual Impairment Physical Health Issues  Mental Health issues Bereavement Isolated location Visual Impairment  Other (please note) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Do you/the person referred live alone?** Yes  No  Comment: |

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| **Please list any Medical Issues Arising** (Physical, Emotional/Mental Well-being, etc.)**:** | | | |
| **Details of Medical/Other Relevant Professional** |  | **Phone No.** |  |
| **Where deemed necessary we may require to speak to one of the above pre the assessment visit.Please indicate if you give permission for this to take place:** Yes  No | | | |

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| **Other Information** |
| **Is there any other information which you feel is relevant for ALONE to know before assigning a volunteer to this visit?** |

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| **Signature:** | **Date:** |

**Return to: *Freepost No. DN6055, ALONE, Olympic House, Pleasants St, D.8* or email:** [**enquiries@alone.ie**](mailto:enquiries@alone.ie)