**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 ImpairmentOther (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**