



VISITING SUPPORT REFERRAL FORM

NAME: (include title and initials)			
ADDRESS:			
POST CODE:		TELEPHONE:	
DATE OF BIRTH:		RELIGION:	
ETHNICITY:		LIVE ALONE: YES / NO	If no with whom?
LANGUAGE:			
HOUSING TENURE	Owner / Private Rented / CCC Tenant / Sheltered RSL / General RSL / Other ie Temp Acc		
WHERE DID THEY HEAR OF SERVICE			

REFERRERS NAME:			
AGENCY/RELATIONSHIP:			
ADDRESS:			
POST CODE:		TELEPHONE: EMAIL:	
DO YOU HAVE THEIR CONSENT FOR THIS REFERRAL		YES / NO	

ACCESS & SAFETY INFORMATION FOR VISITING:
** PLEASE COMPLETE WITH FULL DETAILS

REASON FOR REFERRAL:		
<input type="checkbox"/> CARE & SUPPORT	<input type="checkbox"/> REHOUSING	<input type="checkbox"/> MENTAL HEALTH
<input type="checkbox"/> HELP WITH FINANCE	<input type="checkbox"/> PHYSICAL HEALTH	<input type="checkbox"/> FRAILITY
<input type="checkbox"/> COMMUNITY ALARM	<input type="checkbox"/> ASSISTIVE TECHNOLOGY	<input type="checkbox"/> CORRESPONDENCE
<input type="checkbox"/> ADAPTATIONS	<input type="checkbox"/> GARDENING/CLEANING	<input type="checkbox"/> DIGITAL INCLUSION
<input type="checkbox"/> SOCIALLY ISOLATED	<input type="checkbox"/> LEARNING DIFFICULTIES	<input type="checkbox"/> DRUG/ALCOHOL

FALLS:	
Have you had 2 falls in the last year?	Yes / No / Don't Know
ADDITIONAL CLIENT INFORMATION	

Cambridge City Council
Independent Living Service

Physical Health	Mental Health	Housing	Daily Living
Overall physical health? Any health problems?		Current situation and any recent changes?	Help with: Cooking <input type="checkbox"/> Shopping <input type="checkbox"/> Cleaning <input type="checkbox"/> Laundry <input type="checkbox"/> Paperwork <input type="checkbox"/>

OTHER KEY PEOPLE INVOLVED SUPPORTING THE CLIENT:	
GP Name:	GP Contact details:
GP Address:	Telephone:

Name:	Contact details:
Job Title / Organisation / Agency Name / Relationship	Telephone:
Address:	
Name:	Contact details:
Job Title / Organisation / Agency Name / Relationship	Telephone:
Address:	

NOK/PERSONAL CONTACTS:	ADDRESS:	CONTACT DETAILS:

ADDITIONAL INFORMATION

Date Received / by whom	Date Considered	Date Assessed	Date of Response to Referer	Outcome & by whom

Return to: Independent Living Service, Ditchburn Place, Mill Road, Cambridge CB1 2DR or
Email: independent.living@cambridge.gov.uk