



SALTSTONE CARING REFERRAL FORM

Date of Referral..... Has client agreed to accept Saltstone Caring? Yes / No

Is this a self-referral? Yes / No

If no, who is referring? Name Position.....

Organisation Tel Email

Name of potential client Date of birth

Address

..... Postcode

Tel No Ethnic origin

GP name Practice name

Disabilities Key worker Tel

Does client live alone? Yes / No If no, names of other occupiers of dwelling:

Name Name

Relationship Relationship

Is client a smoker? Yes / No *NB Saltstone Caring adopt the official NHS smoking policy with regard to outreach workers, whereby the client needs to refrain from smoking half an hour before our worker is due to arrive, and refrains from smoking whilst the worker is present.*

Next of kin Tel

To be completed by co-ordinator:

First action Co-ordinator visit

Volunteer start date Volunteers name

Saltstone support ended Not matched

Referred on to

So that we can offer the client appropriate support and match the most suitable volunteer, please indicate the type of support required.

✓ Why is this a need? How would the client like the volunteer to help?

1	Companionship		
2	Transport to non medical appointments		
3	Help with socialising		
4	Carer relief		
5	Collecting prescriptions		
6	Shopping		
7	Dog walking		
8	Low level help in home		
9	Provision of information for professional and other useful services		
10	Other		

Background and any other additional information

Are there any health and safety issues that we need to consider when placing a volunteer with this client? ie pets, access, smoking

NB: If not self-referral, please note that any information provided can be shared with the client.

Data protection Act 1998: Client names and addresses are stored on our computer system for administrative purposes, and are only available to other parties following the express consent of the client concerned.

The client agrees to share information with other professionals.

I have read and agreed with the above, and accept a visit from the Saltstone Caring Co-ordinator

Client Signature ***Date***

Referrer Signature (if relevant) ***Date***

