**Referral Form for**

**Home Visitation Service,**

**Friendly Call and Social Clubs**

The aim of our visitation service is to provide isolated elderly people with a suitable volunteer in the hope that a close and sincere friendship may develop, helping to alleviate some of the loneliness elderly people in Ireland are currently experiencing. We also offer a Friendly Call Service to all our elderly whereby each week they will receive a phone call to check in with them and see how their week has been.

Please note that our volunteer’s role is purely a social one, they are not unpaid carers. They will not provide any intimate or personal care. They will not assist with any medication.

The visitation service is not suitable for anyone who wants help with household chores, physical care, respite care, a sitting service, shopping, banking or DIY.

Our visitation service is **only** available for elderly people throughout the **Dublin region**. Our Friendly Call Service is **nationwide.** All trips and social clubs will originate from our hall at 25 Bolton Street Dublin 1.

Please note that all referrals will be subject to adherence with our guidelines and criteria for the visitation service

All referrals should be sent to info@friendsoftheelderly.ie

**Details of the Elderly Person**

|  |  |
| --- | --- |
| **Date of referral:** Click here to enter a date. |  |
| **Name:** | Click here to enter text. | Click here to enter text. |
|  | First name | Surname |
| **Address:** | Click here to enter text. | Click here to enter text. |
|  | Number and street | Area |
|  | Click here to enter text. |  |
|  | Post code |  |
| **Phone numbers:** | Click here to enter text. | Click here to enter text. |
|  | Home phone | Mobile |
| **Date of birth:**  | Click here to enter a date. |  |
|  | Date / Month / Year |  |

Please fill in the details that you are aware of in the elderly person’s daily schedule, i.e. when friends or relatives visit, when home help comes, when they go to an activity, etc…

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Morning [ ]  | Morning [ ]  | Morning [ ]  | Morning [ ]  | Morning [ ]  | Morning [ ]  | Morning [ ]  |
| Afternoon [ ]  | Afternoon [ ]  | Afternoon [ ]  | Afternoon [ ]  | Afternoon [ ]  | Afternoon [ ]  | Afternoon [ ]  |
| Evening [ ]  | Evening [ ]  | Evening [ ]  | Evening [ ]  | Evening [ ]  | Evening [ ]  | Evening [ ]  |

**Next of kin**

|  |  |  |  |
| --- | --- | --- | --- |
| Click here to enter text. |  | Click here to enter text. | Click here to enter text. |
| **First name** |  | **Surname** | **Relationship** |
| Click here to enter text. |  | Click here to enter text. |
|  **Phone number** |  | **Address** |
| **E-mail** Click here to enter text. |  |  |

**Physical Health of the Elderly Person**

Please give details of all pertinent physical health conditions relating to the elderly person e.g. previous medical procedures, mobility issues, current physical conditions

Click here to enter text.

**Mental Health of the Elderly Person**

Please give detail of all pertinent mental health conditions relating to the elderly person e.g. dementia, Alzheimer’s disease, cognitive impairment

Click here to enter text.

**Further Details about the Elderly Person**

Please state the current living situation of the elderly person i.e. living alone, living with family and please give details of social, friend or familial supports currently in place for the elderly person

Click here to enter text.

Please state your reason for this referral:

Click here to enter text.

Is this elderly person aware that you are referring them? **YES** [ ]  **NO** [ ]

Is this elderly person open to receiving a visitor in their home? **YES** [ ]  **NO** [ ]

Service Required Friendly Call [ ]  Home Visitations [ ]  Social Clubs [ ]

Any information relevant to visiting this elderly person:

Click here to enter text.

Is this elderly person also interested in any of our activities **YES** [ ]  **NO** [ ] (Christmas Parties, Day Trips, Movie Clubs etc.)?

**Referrer Information -** *Please note if this info is not fully completed there may be a delay in processing*

**Name:** Click here to enter text. **Surname:** Click here to enter text.

**Address:** Click here to enter text.

**Work phone:** Click here to enter text. **Mobile:** Click here to enter text.

**E-mail:** Click here to enter text.

**Relationship to the elderly:** Click here to enter text.