

**Referral Form for Home Visitation, Friendly Call Service, Social Club and Hamper Programme**

Our visitation service aims to provide isolated elderly people with a suitable volunteer in the hope that a close and sincere friendship may develop, helping to alleviate the loneliness some elderly people in Ireland are experiencing. We also offer a Friendly Call Service to all our members to share conversations, offer support and understanding through regular phone calls.

Please note that our volunteers carry out a befriending role, they are not unpaid carers and do not provide personal care, assist with medication or carry out repairs in your home. Our visitation service is not suitable for anyone who requires support with household chores, physical care, respite care, a sitting service, shopping, banking or DIY.

Our visitation & Hamper service is **only** available to elderly people living in the **Dublin region,** Food and Hygiene hamper needs may be subject to a means test. Our Friendly Call Service is available **nationwide.** All trips and social clubs will leave our premises 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

Please send all referrals to [info@friendsoftheelderly.ie](about:blank) or 25 Bolton Street Dublin 1, D01 V6H9

**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. |  |
|  | Postcode |  |
| **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 |

PLEASE TURN OVER & COMPLETE Page 2 on the back of this form

**Emergency Contact Details:** *Anyone we can contact on your behalf in an emergency*

|  |  |  |  |
| --- | --- | --- | --- |
| 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.

Reason for this referral:

Click here to enter text.

Is the elderly person aware that you are referring them? **YES**  **NO**

Is the elderly person open to receiving a visitor in their home? **YES**  **NO**

Service Required: Friendly Phone Call morning  OR Friendly Phone Call afternoon

Home Visitations  Social Clubs  Hamper Programme

Any information relevant to visiting the elderly person:

Click here to enter text.

Is the elderly person also interested in any of our activities **YES**  **NO** (Christmas Parties, Day Trips, Cabarets etc.)?

**Referrer Information –** *You can leave this section blank if you are referring yourself*

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