[](http://www.ageuk.org.uk/blackburnwithdarwen/)

**Stepping Stones Referral Form**

Stepping Stones is a **short term** support service for older people following a transition or change to help them get out and about again. The service aims to build a person’s confidence so that they are able to attend activities independently after initial support.

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| --- | --- | --- | --- | --- | --- |
| **Date of Referral:** | | | | | |
| **Client / Patient Details** | | | | | |
| **Name** |  | | **Tel No** | |  |
| **Gender** |  | | **DOB/Age** | |  |
| **Address (inc postcode)** |  | | **First Language** | |  |
| **Other Agencies you have referred to:** | | | | | |
| **Reason for referral /**  **desired outcomes**  Social engagement, to enjoy activities and/or the company of others. Thomas is feeling lonely and isolated and is finding that he has nothing of interest to engage in. His wife died 3 years ago and he is currently receiving treatment for cancer. | | **Health Conditions**  **(please list)** | | | |
| **Next of Kin / Alternative contact ie family member, neighbour** | | | | | |
| **Name** |  | | | **Relationship** |  |
| **Tel No** |  | | | **Lives with?** |  |
| **Referrer’s Details** | | | | | |
| **Name** |  | | | **Team / Agency** |  |
| **Tel No** |  | | | **Email** |  |
| **Additional Information** | | | | | |
| **Is it safe for a staff member to visit alone?**  **If no, please state why................................................................................................................................................** | | | | | |
| **Please include any additional information relevant to this referral EG: behavioural / mental health issues** | | | | | |
| Does the service currently attend activities? (please tick) 🞏 Yes 🞏 No  Are they able to get out by themselves independently? 🞏 Yes 🞏 No  Do they need assistance to get out? 🞏 Yes 🞏 No  If yes what assistance do they need? ………………………………………………………………………………………………………..…………  Does the service user have access to their own transport 🞏 Yes 🞏 No  Please indicate any barriers that would prevent them from getting out …………………………………………………….…..  …………………………………................................................................................................................................................ | | | | | |
| **Consent** | | | | | |
| **Verbal consent has been obtained to share the above information with Age UK Blackburn with Darwen for referral and to make contact** | | | | | |
| **Please e-mail completed form to** [enquiries@ageukbwd.org.uk](mailto:befriending@ageukbwd.org.uk) **or Fax to 01254 266621** | | | | | |

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