

**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 🞏 NoDo they need assistance to get out? 🞏 Yes 🞏 NoIf 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 **or Fax to 01254 266621** |

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