

# Example of a good referral for someone with care needs and their family carer

**Suffolk Information Partnership Referral Form Notification Reference Number:**

## Organisation sending referral details

**Name:** Advisers name

**Organisation Name:** Suffolk Family Carers

**Job Title:** Family Carer Adviser

**Telephone:** 01473 835477

**Email Address:** referrals@suffolkfamilycarers.org

**Date:** 05/02/2018

## Details of person with care needs or cared for person

**Name:** Mr X Abcd

**Address:** , , , 1 ABCD Way, Ipswich

**Postcode:** IP1

**Telephone:** 01473 123456

**Email Address:**

**Unique Reference Number, e.g. NHS or social care number:**

**GP practice (name, and address if known):**

**Next of Kin Name:**

**Next of Kin Phone Number:** 01473 123456

**Date of birth:** 01/01/1940

**Permission to contact:** Yes

**My Care Wishes Folder:**

**Preferred Method of Contact:** Telephone (initially to family carer)

**Purpose of Referral:** Customer First: Needs Assessment. Mr Abcd has arthritis and COPD. Because of his physical and breathing difficulties he is struggling to access the stairs in the home. He also is struggling to access and maintain stability accessing and using the shower.

Age UK Suffolk: Benefits Advice required to assist Mr Abcd to determine whether he is eligible for Attendance Allowance.

Service in place or being arranged:

Please indicate any other individuals or organisations involved in supporting this person:

## Details of family carer or person who made contact

Name: Mrs X Abcd

Address: 1 ABCD Way, Ipswich

Postcode: IP1

Telephone: 01473 123456

Email Address:

Unique Reference Number, e.g. NHS or social care number:

GP practice (name, and address if known):

Date of birth: 02/02/1940

Permission to contact: yes

Preferred Method of Contact: Telephone

**Purpose of referral, if you are making a referral for the family carer: Customer First: Carers Assessment.** Mrs Abcd, wife and carer for Mr Abcd advised that the regularity of support she provides to her husband and because he becomes anxious when alone means she is unable to leave him beyond 1 hour, preventing her from having social time, a break for herself and time to undertake shopping without rushing.

Service in place or being arranged: Mrs Abcd is registered for support with Suffolk Family Carers.

Relationship to person requiring support: Spouse

Please tick this box to confirm that the person requiring support is aware of the referral: Yes

Please select the partner organisation(s) you wish to pass this referral to: Customer First, Age UK Suffolk

Other organisations you have referred to:

Boxes ticked for this referral:

Access Community Trust

Age UK Suffolk

Customer First

Disability Advice Service, East Suffolk

- Fire Prevention (SFRS)
- Ipswich Citizens Advice
- Local Area Co-ordinator
- Lofty Heights
- North East Suffolk Citizens Advice
- Orbit East Care and Repair
- Papworth Trust
- Sue Ryder
- Suffolk Family Carers
- Suffolk Libraries
- Suffolk Mind
- Survivors in Transition
- Total Voice Suffolk
- Trading Standards
- Warm Homes Healthy People