 **Ffrind i mi / Friend of mine Referral Form**

**Confidential**

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| **Please be aware that our volunteer befrienders are *unable* to provide any medical assessment, respite and personal care.** | | | | | | |
| **Section A** | **Referrer Information:** | | | | | |
| **Referral Completed by** |  | | **Referral Date** | |  | |
| **Organisation** |  | | **Contact Number for**  **Referrer** | |  | |
| **Any Other Services involved?** Including Mental Health, Social Services, Carers |  | | | | | |
| **Section B** | **About the person you are referring:** | | | | | |
| **Title** | Mr / Mrs / Ms / Miss / Dr / Prof / Rev Other: | | | | | |
| **Name** |  | | **Contact Number** | |  | |
| **Address**  **Postcode** |  | | **DOB** | |  | |
| **Email** |  | | | | | |
| **NOK details:** |  | | | | | |
| **Hobbies & Interests** |  | | | | | |
| **Support Requested:**  \*Volunteers can take clients shopping but must not do the shopping for them. Volunteers can walk with the client and their dogs, but we do not provide a dog walking service. | **What help or support would you like?** | **✓** | | **Preferred Day** | | **Preferred Time** |
| **Telephone call** |  | |  | |  |
| **Home Visit** |  | |  | |  |
| **Going out to Community Groups/Meetings/Walking/Shopping trips\*** |  | |  | |  |
| **Other: (please state)**  **e.g. Reading books** |  | |  | |  |
| **Hazards/Risks e.g.** dogs/safeguarding/mobility/ smoking |  | | | | | |
| **Any Communication Needs? e.g. requires BSL/Welsh speaker** |  | | | | | |
| **Any other relevant information:** | | | | | | |
| **Consent to be referred to other Organisations:**  **YES / NO** | | | | | | |
| **Completed forms to be sent to**: Ffrind i mi, County Hospital, Griffithstown, Pontypool, Torfaen, NP4 5YA  **Email:** [Ffrindimi.abb@wales.nhs.uk](mailto:Ffrindimi.abb@wales.nhs.uk) **Contact:** 01495 768645 | | | | | | |