handyperson & Gardening Referral form

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| --- | --- | --- | --- | --- | --- |
| **PROSPECTIVE CLIENT:** | | | | | |
| **Title:** | **First Name:** | | | **Surname:** | | |
|  |  | | |  | | |
| **Address (Please Print):** | | | | | | |
|  | | | | | | |
|  | | | | | | |
| **Town:** |  | | | | **Post code:** | |
| **Tel No:** |  | | | | **Date of Birth:** | |
| **NOK:** | | | | | |
| **Title:** | **First Name:** | | | **Surname:** | | |
|  |  | | |  | | |
| **Address (Please Print):** | | | | | | |
|  | | | | | | |
|  | | | | | | |
| **Town:** |  | | | | **Post code:** | |
| **Tel No:** |  | | | |  | |
| **REASON FOR REFERRAL** | | |  | | | |
| **Has the client given their consent for you to contact us?** | | | | |  | |
| **Does the client live alone?** | | | | |  | |
| **HEALTH:** | | | | | |
| **Does the client suffer from mental ill health or dementia?** | | | |  | | |
| **Does the client have any hearing or sight impairment or a physical disability?** | | | |  | | |
| **Does the client have any alcohol &/or drug issues?** | | | |  | | |
| **If anyone else is likely to be in the property, do they have a mental &/or physical health disability, drink &/or drug issue?** | | | |  | | |
| **Is the client a smoker?** | | | |  | | |
| **Are there any animals on the premises?** | | | |  | | |
| **If the answer is yes to any of the above marked \* please supply further information:** | | | | | | |
|  | | | | | | |
| **Name &** **contact details of referrer:** | |  | | | | |
| **Date:** | |  | | | | |

**Please email this document password protected to:** [**aa.servicemanager@ageukherts.org.uk**](mailto:aa.servicemanager@ageukherts.org.uk)