



First Contact Health Partner Referral Form 18+ (not self-referral)

PROTECT PRIVATE INFORMATION



Information given on this form will be used for the purposes of providing you with better support and services. By providing the information on this form you agree that we can hold this information on your behalf. It will be held on a computer system run by Leicestershire County Council in accordance with the Data Protection Act. It will be shared on a need to know basis with other agencies involved in providing you with support services. These agencies may include Government Agencies, Borough/District Councils, Health, Fire & Rescue Service, Police and Voluntary Sector. I consent to my information being shared with First Contact agencies.

Consent explained by: Date:

Signature:

GP Practice: Practice Telephone No:

Patient's full name and title: Telephone:

Patient's address:
Postcode:

Patient's email address:

HEALTH & WELLBEING – Would you like information on the following? PLEASE NOTE: SERVICES MARKED * MAY INCUR CHARGES

Please tick		Please tick	
Assistive Technology e.g. falls detectors, medication reminders, wander alarms *	<input type="checkbox"/>	Support & advice for people who are visually impaired e.g. talking clocks / watches / newspapers, learn Braille, mobility training, visual/reading aids, home visit/assessment *	<input type="checkbox"/>
A Lifeline Alarm *	<input type="checkbox"/>	Home library service	<input type="checkbox"/>
Information about domestic help such as cleaning / gardening / handyman services *	<input type="checkbox"/>	Making your home a smoke-free environment e.g. 'Keep it smoke-free' information pack / help to stop smoking	<input type="checkbox"/>
Do you need your garden clearing? (one-off service only)	<input type="checkbox"/>	Becoming a volunteer	<input type="checkbox"/>
Local luncheon clubs / activity groups / community transport *	<input type="checkbox"/>	Information about children's activities or family support services (please provide children's ages).....	<input type="checkbox"/>
Advice and support as a carer	<input type="checkbox"/>	Adult Learning	<input type="checkbox"/>
Equipment to assist people who are deaf, deafened or hard of hearing e.g. TV loops, vibrating-pad smoke alarms, flashing doorbells	<input type="checkbox"/>	Have you or your spouse ever been in the Armed Forces?	<input type="checkbox"/>

INCOME & FINANCE – do you need help with?

Claiming Housing / Council Tax support	<input type="checkbox"/>	Completion of benefit claim forms	<input type="checkbox"/>
Managing debts	<input type="checkbox"/>	Please Provide the National Insurance Number:	<input type="text"/>

SAFE AND SECURE – would you like advice on any of the following?

Having a smoke alarm fitted	<input type="checkbox"/>
Crime reduction and personal / home safety	<input type="checkbox"/>
Victim Support / anti-social behaviour / hate crime / bullying in the last 12 months	<input type="checkbox"/>
Keeping your home warm and / or paying your fuels bills	<input type="checkbox"/>
Repairs or other housing needs	<input type="checkbox"/> *

Please add any **supporting information** to assist the agency delivering the service:

Home Owner? **YES** **NO** Tenant? **YES** **NO** | Landlord details:

Do you live alone? **YES** **NO**

Date of Birth? Gender? **MALE** **FEMALE** **TRANSGENDER** First Language?

Do you have any communication needs? **NO** **YES** - Please state

Do you have any long standing illness/disability/infirmity? **NO** **YES** - Please state

ETHNIC ORIGIN (Information required for monitoring purposes only, please tick) Prefer not to say

MIXED	WHITE	BLACK OR BLACK BRITISH	CHINESE
White & Black Caribbean <input type="radio"/> White & Black African <input type="radio"/> White & Asian <input type="radio"/> Any Other <input type="radio"/>	British <input type="radio"/> Irish <input type="radio"/> Any Other <input type="radio"/>	Caribbean <input type="radio"/> African <input type="radio"/>	<input type="radio"/>
ASIAN OR ASIAN BRITISH	GYPSY/TRAVELLERS	OTHER ETHNIC GROUP	
Indian <input type="radio"/> Pakistani <input type="radio"/> Bangladeshi <input type="radio"/> Any Other <input type="radio"/>	Romany Gypsy <input type="radio"/> Irish Traveller <input type="radio"/> Scottish Traveller <input type="radio"/> Any Other <input type="radio"/>	<input type="text"/>	