Date of Initial Referral: _____ **Advocate Name/s:** _____

Is the client aware of the referral: **Yes** ☐ **No** ☐ **Client ID:** ____ **Case ID:** _____

Client Details: **Title** **Gender** Male ☐ Female ☐ **DOB:**

Name: _____

Address: _____

_____ **Post Code:**_____

Tel No:_____ **Mobile:** _____

Please Note:_____

Communication Requirements:_____

Own Home ☐ **Housing Association** ☐ **Sheltered Accommodation** ☐

Referred By: **Self:** ☐ **Relative/Friend:** ☐ **Health Staff:** ☐ **Social Services:** ☐

Where did you hear about Advocacy First? _____

Relationship to Client: _____ **Name:**_____

Tel No: **Mobile:**

Other Agency/Service involved*?* _____

Service Required:

☐**Continuing Care Advocacy**

Presenting Problems:	**Help received so far on Present Problem:**

Referral Accepted: **Yes** ☐ **No** ☐ **Referral Rejected:** **Yes** ☐ **No** ☐

Reason for Rejecting:

Next of Kin's Details: _____

Address: _____

Post Code: _____ **Tel No:**_____ **Mobile:**_____

Social Worker/Care Manager Details:	**GP's Details:**
Client's Description of Issues:	**Action Agreed:**

Additional Client's Information:

Disability:
- ☐ Sight
- ☐ Hearing
- ☐ Learning
- ☐ Mental Health
- ☐ Physical

Religion:

Status:
- ☐ Married
- ☐ Single
- ☐ Separated
- ☐ Divorced
- ☐ Widowed

Ethnicity:
- ☐ White British ☐ Other White

Black or Black British
- ☐ Caribbean ☐ African ☐ Other

Asian or Asian British
- ☐ Indian ☐ Pakistani ☐ Bangladeshi
- ☐ Other Asian ☐ Chinese ☐ Other

Age Bands:
- ☐ 21-30
- ☐ 31-40
- ☐ 41-50
- ☐ 51-60
- ☐ 61-71+
- ☐ n/a

Client Group:
- ☐ Brain Injury
- ☐ LD
- ☐ OP
- ☐ Dementia
- ☐ Physical Disability
- ☐ Mental Health
- ☐ Sensory Impair.

Issue Type:
- ☐ Access to specialist service
- ☐ Care Planning
- ☐ Challenge decision/assessment
- ☐ Expressing wishes/choices
- ☐ Financial
- ☐ Housing and Accommodation
- ☐ Identify Issues (General)
- ☐ Safeguarding/POA/Will
- ☐ Social Care Issue

OUTCOME:
- ☐ Achieved
- ☐ Partially A.
- ☐ Not Achieved

Reasons:

Have You Used Advocacy First in the Past: No ☐ Yes ☐ Date Used: