

REFERRAL CHECKLIST

Our checklist helps people aged over the age of 60 living in Southwark, and those supporting them, to access a wide range of services to support safe and independent living.

We provide brief-intervention, allowing each person space and time to focus on what matters to them.

Full Name: ...	DOB: ...	Gender: ...
Address: ...	Postcode:	
Main Contact Number:	Mobile Number:	
Email Address:	*Ethnicity: ...	
Preferred Method of Contact: Please select	Diagnosis of dementia or memory loss? Yes <input type="checkbox"/> No <input type="checkbox"/>	
GP Surgery:	Are you an unpaid carer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
*Property type: Rented (Council) <input type="checkbox"/> Rented (Private) <input type="checkbox"/> Housing Association <input type="checkbox"/> Owned <input type="checkbox"/> Unknown <input type="checkbox"/>		

What do you need support with?

<h3>Health</h3> <p>Falls Prevention Exercises <input type="checkbox"/></p> <p>Stress, Anxiety or Low Mood <input type="checkbox"/></p> <p>Healthwatch Southwark <input type="checkbox"/></p> <p>Unintentional Weight Loss <input type="checkbox"/></p> <p>Alcohol or Substance Misuse <input type="checkbox"/></p> <p>Toe Nail Cutting <input type="checkbox"/></p> <h3>Money</h3> <p>Benefit Queries <input type="checkbox"/></p> <p>Trouble Paying Bills <input type="checkbox"/></p> <p>Paying for Care <input type="checkbox"/></p> <p>Filling in forms <input type="checkbox"/></p>	<h3>Social</h3> <p>Groups & Activities <input type="checkbox"/></p> <p>Exercise Classes <input type="checkbox"/></p> <p>Befriending <input type="checkbox"/></p> <p>Technology Skills <input type="checkbox"/></p> <p>Accessing Transport <input type="checkbox"/></p> <h3>Care & Support</h3> <p>Unpaid care responsibilities <input type="checkbox"/></p> <p>Support with a Dementia Diagnosis <input type="checkbox"/></p> <p>Visual Impairment <input type="checkbox"/></p> <p>Support with decision making for health and care <input type="checkbox"/></p>	<h3>Housing</h3> <p>Home adaptations and equipment <input type="checkbox"/></p> <p>Equipment to Support Sensory Impairment <input type="checkbox"/></p> <p>Pendant Alarm <input type="checkbox"/></p> <p>Monitored Sensors or Reminders <input type="checkbox"/></p> <p>Housing issues <input type="checkbox"/></p> <p>Handyperson <input type="checkbox"/></p> <h3>Safety</h3> <p>Home Security <input type="checkbox"/></p> <p>Home Fire Safety Check <input type="checkbox"/></p> <p>Victim of Scams <input type="checkbox"/></p>
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In accordance with DPA 1998 and GDPR you have rights regarding your data, including requesting we remove your data from our systems at any point. For more information contact Age UK L&S at information@ageuklands.org.uk or through the details at the top of this page.

* This information is optional

Additional information (e.g. Significant health condition, known risks, known to any other services etc.):	
...	
Referrer Name: ...	Referrer Organisation: ...
Date of Referral: ...	Referrer Tel/Email: ...
IMPORTANT: please tick this box to confirm the below statement has been read to and agreed by the client <input type="checkbox"/>	
<p>By signing and / or ticking this form, you accept that the information provided will be stored electronically and shared with the COSPINS and Ageing Well Southwark partners as listed below. The sharing of information will enable us to more effectively work to support you to access the services you have identified in this form.</p> <p>The COSPINS and Ageing Well Southwark partners are Age UK Lewisham and Southwark, Blackfriars Settlement, Link Age Southwark, Southwark Carers, Southwark Pensioners' Centre, Time and Talents and the London Borough of Southwark's Adult Social Care Customer Service Team.</p>	
Client signature: ...	
Client consent <input type="checkbox"/>	

How does the checklist work?

Complete the simple checklist to be linked to services available in the borough. Anyone can make a referral and people can self-refer. We are not an emergency service, and the checklist should not be used for any urgent issues. In an emergency, always dial 999. It can take up to four weeks for a Facilitator to get in touch with the person referred, and then an average of four to six weeks for partner agencies to make contact.

How do I refer?

Simply tick the appropriate options on the **checklist** and return it to **Ageing Well Southwark**, who coordinate the response from **our partners**. You can send completed checklists via:

Email: sail@ageuklands.org.uk OR sail@nhs.net

Fax: 0207 378 9217

Post: Age UK Lewisham & Southwark, Stones End Centre, 11 Scovell Road, London SE1 1QQ

Web form: www.ageingwellsouthwark.org

Drop-in and form-filling support

You can also access support at one of our partner locations:

- Blackfriars Settlement
- Link Age Southwark
- Southwark Carers
- Southwark Pensioners Centre
- Time and Talents
- Yalding Healthy Living and Learning Centre