

IRISH CHAPLAINCY

52 Camden Square, London NW1 9XB

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Reg. Charity No. 1160365

www.irishchaplaincy.org.uk

Looking ahead with hope



Irish Chaplaincy Seniors Referral Form

Referred by:

Date:

Name MR / MRS / MS			
Address			
Postcode			
Telephone		Mobile	
Emergency Contact Name 1.		Tel	Address
Relationship to older person:		Mobile	
			Postcode
Next of Kin Contact name (if different from above) 1.		Tel:	Address
Relationship to older person:		Mobile:	
			Postcode

Gender	M	F	Religion		Place of Birth / Nationality	
D.O.B.						
Accommodation		Independent living	Sheltered Housing	Residential Care	Other	
Access arrangements						
Mobility	Walks	Unassisted	With aid		Wheelchair	
State of Health General well being, physical, mental, emotional, nutritional						
Level of family / friends / Social contact						
Recent Hospital Admissions	Date		Reason			
Disability	Visual Stroke	Hearing	Other (Please state)			
G.P	Name		Address			
			Postcode			
Is older person registered disabled?			Yes		No	
Suitable day/time/frequency of visit Between 10.00 –5.00pm			Day	Time	Frequency	Other

SERVICES ALREADY IN PLACE (please tick and provide contact details as appropriate)	Yes	No	ADDITIONAL INFORMATION ON ACTION PLAN IN PLACE including Key / Care worker / Nurse contact details
District Nurse/ Hospital Discharge Team			
Community Care Assessment			
Home Care			
Meals on Wheels			
Day Centre			
Befriending service			
Health support (including mental health)			
Other			

SUPPORT NEEDED FROM ICB (please tick what you would like us to provide)	Yes	No	Comment
Home-visiting Support			
Telephone Contact Support			
Accompanying to Appointments/ trips/shopping etc			
Reconnecting with family / friends			
Returning to Ireland			
Making Phone calls			
Small Repairs			
Religious / Pastoral / Spiritual Care			
Irish Papers / Publications			
Irish Chaplaincy Newsletter			
Referrals to other services (please provide further information in additional information section)			
Hardship Fund Payment (please state amount and item needed in additional information section)			
Advocacy			
Other (please state)			

CONSENT TO MAKE REFERRALS

Print Name: I, _____
give my consent for this information to be passed to the Irish
Chaplaincy for me to access their Seniors Project.

Signature

Date

Proxy Signature

Date

Any Additional Information

Please return completed form to:

Paul Raymond, Irish Chaplaincy, 52 Camden Square, London NW1 9XB Or email it to:
seniors@irishchaplaincy.org.uk