**Ruils Adult Referral Form**

**Referral Form**

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| **PLEASE COMPLETE ALL BOXES** | | | | | | | | | | | | | | | | | |
| **Title** | Ms | | |  | | Mrs |  | Dr |  | Other (please specify) | | | | |  | | |
| Miss | | |  | | Mr |  | Prof |  |
| **Name** |  | | | | | | | | | | | | | | | | |
| **Address** | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | **Postcode** | |  | |
| **Telephone** | | | 1 | |  | | | | | | | | 2 |  | | | |
| **Email address** | | |  | | | | | | | | | | | **Date of birth** | |  | |
| **Communication needs (e.g. email only, interpreter required)** | | | | | | | | | | |  | | | | | | |
| **Nature of disability and / or health condition** | | | | | | | | | | |  | | | | | | |
| **GP Surgery** | | | | | | | | | | |  | | | | | | |
| **Client group** | | Acquired brain injury | | | | | | | | | |  | Multiple disability | | | |  |
| Alcohol & Substance misuse | | | | | | | | | |  | Physical disability | | | |  |
| Learning disability | | | | | | | | | |  | Sensory impairment | | | |  |
| Long-term health condition | | | | | | | | | |  | Unknown | | | |  |
| Mental health | | | | | | | | | |  | Prefer not to say | | | |  |

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| **FURTHER INFORMATION** | |
| **Type of referral (e.g. Befriending / Activities / Active From Home)** |  |
| **Preferred area for in-person sessions? Preferred walking route / distance / destination?** |  |
| **Any relevant case history, action taken or other information relevant for 1:1 walks?** |  |
| **Any other organisations supporting or advising the client?** |  |
| **Any access requirements (e.g. home visits required / has pets / lives upstairs)?** |  |

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| **Does the client live alone?** | Yes | Please provide details: |  |
| No |
| **Is it ok to contact the client at home?** | Yes | If **no**, please provide details: |  |
| No |
| **Does the client have unpaid caring responsibilities?** | Yes | If **yes**, please provide details (frequency / relationship): |  |
| No |
| **Does the client have an unpaid carer?** | Yes | If **yes**, please provide details: |  |
| No |
| **Are there any known risks (e.g. history of domestic violence)?** | Yes | If **yes**, please provide details: |  |
| No |
| **Is there any other information you would like to share?** |  | | |

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| **DEMOGRAPHIC INFORMATION** | | | | | | |
| **Ethnicity** | | | | | | |
| **Black / Black British** | African |  | **White / White British** | British |  | |
| Caribbean |  | Irish |  | |
| Other (please specify) | | Gypsy / Traveller |  | |
| European |  | |
| **East Asian / Asian British** | Chinese |  | Other (please specify) | | |
| Korean |  |
| Other (please specify) | | **Mixed / Multiple Ethnic Groups** | White / Asian |  | |
| White / Black African |  | |
| **South Asian / Asian British** | Bangladeshi |  | White / Black Caribbean |  | |
| Indian |  | Other (please specify) | | |
| Pakistani |  |
| Other (please specify) | | **Declined** | Not known | |  |
| Prefer not to say | |  |
|  | | | **Other Ethnic Group** | (Please specify) | | |

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| **Sexual Orientation** | | | | | |  | **Religion** | | | |
| Heterosexual | |  | Bisexual | |  | Christian |  | Jewish |  |
| Gay | |  | Lesbian | |  | Buddhist |  | Muslim |  |
| Prefer not to say | |  |  | | | Hindu |  | Sikh |  |
| Other (please specify) | | | | | | Prefer not to say |  | None |  |
| Other (please specify) | | | |
|  | | | | | |
| **Gender** | | | | | |  | | | |
| Male |  | | | Female |  |
| Prefer not to say |  | | | Non-Binary |  |
| Other (please specify) | | | | | |

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| **CONSENT & PREFERENCES** | | | |
| **I consent to Ruils communicating with me by:** | * Email * Telephone * Mobile Phone * Text * Post | | |
| **I would prefer for Ruils to communicate with me by:** | * Email * Telephone * Mobile Phone * Text * Post | | |
| **I would like to sign up to the Ruils quarterly email newsletter:** | * Yes * No | | |
| **I would like to become a member of Ruils:** | Join our vibrant and diverse community to influence our work/services, meet other members, share your ideas and access a network of local people. Membership is free and open to all.   * Yes * No | | |
| **Client statement** | I agree to Ruils contacting me in regards to this referral and holding my personal data and information confidentially on their database. | | |
| **Client signature** |  | **Date** |  |

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| **For referrers or representatives** | **The individual knows this referral has been made and is happy to be contacted. Please indicate the client’s communication preferences below:** | | | | |
| **Representative details** | Name | |  | | |
| Telephone number | |  | | |
| Mobile Number | |  | | |
| Email | |  | | |
| Relationship | |  | | |
| **Referrer / representative signature** | |  | | **Date** |  |

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| **How did you find out about the service?** |  |

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| Please email this form to: [info@ruils.co.uk](mailto:info@ruils.co.uk)  Alternatively please return to:  Freepost, RSZZ-ZSKC-LAEB, Ruils, DAAC, 4 Waldegrave Road, Teddington, TW11 8HT |

To view our full Privacy Policy on our website <http://www.ruils.co.uk/your-information> or contact us on **020 8831 6083** or on email via [info@ruils.co.uk](mailto:info@ruils.co.uk) to request a paper version.