

**WEST NORFOLK BEFRIENDING
Client Referral form**

12 Thoresby College, Queen Street, King's Lynn Norfolk PE30 1HX
Tel: 01553 763500
info@wnbefriending.org.uk

Date of referral

Name.....

Address.....

..... Post Code..... Tele

no.....

DOB.....

Does the client smoke? Yes/No Dogs/pets? Yes/No

Next of Kin and/or local contact (preferably both).....

.....

..... Tel no.....

G.P's Name, Surgery.....

..... Tel no.....

Reason for referral/wanting a befriender, & reasons why the client is socially isolated.....

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Name/organisation of referrer.....

..... Tel no.....

Names of other statutory or voluntary organisations currently involved with the client

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Brief description of client's interests and hobbies.....

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Is the client a member of any clubs or other organisations?.....

Any specific requests?.....

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Relevant Medical History.....

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The client must be aware of the referral - Are they happy to be referred? Yes/No

Office use only	Date
Referral received	
Initial contact	
Assessment visit	
Suggested Befriender	
Introduced to Befriender	
Review dates	