Befriending Service Referral Form

This service is for adults over 18 years old who live in the South of Tyne area and who have a palliative diagnosis, are living alone who are at risk of social isolation, and loneliness and/ or to support a short carer break.

Please return this referral by POST to: St. Clare's Hospice, Primrose Terrace, Jarrow, Tyne and Wear NE32 5HA, by fax to 0191 4516356, Telephone 0191 4516378

About the person you are referring

Name: ……Title ……DOB:……..

Address……

Post Code ……..…… Tel:……..……..

Religion…… Where is the patient today? …….

NOK…… Relationship…….....

Address……Tel:……

Permission to inform the next of kin of the process? Yes No

Tel. No…… Consultant / Hospital……

GP…… GPs Address/ Tel No:……

…….

Diagnosis……

Does the person live alone? Yes ☐ No ☐

Does the person use walking aids? Stick/ Frame/ Wheelchair/ Bed bound

Would you be aware of any risks to a befriender caused by?
Unsafe access ☐ Unsafe environment ☐

Are there any animals in the house? (Please state)……

Details of relevant medical conditions / special needs/medications
……
……..

Details of any mental health issues ie: depression; dementia
……
……

Do you know of any possible risks to a befriender when in the company of the client?
……
……

Details of the interest of the person you are referring ie: does he/she like social activities, to stay at home and someone call for a chat, play bingo or cards/ chess?
……
……

About the agencies / contacts currently involved (please tick where appropriate)

Community Matron	☐	District Nurse	☐	Social Worker	☐
Home Carer	☐	C.P.N	☐	Meals on Wheels	☐
Dare Care Attendance	☐	Family	☐	Friends	☐
Neighbours	☐	Specialist Nurse	☐	Other (please state) ……	

Referrer details:

Your name……

Agency …….

Address ……..
…… …….

Please outline your reasons for requesting volunteer befriending support ie: social isolation / carer support
……
……

This referral cannot be made without prior consultation with the service user.

Has consultation taken place? Yes ☐ No ☐

For internal use:

Befriending Service coordinator signature ……

Date of receipt of referral …….

Risk assessment completed…….

Befriender allocated ……..

Date/ time of 1st visit…….. ……

Special instructions ……

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……
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Additional comments: