

Day Centre Referral Form

Our Day Centre Service is available to those who can independently manage their own personal care / medication and are comfortable in a group setting.

Member Information

Name:	
Date of Birth:	
Address and Postcode:	
Telephone:	
Ethnicity:	

Emergency Contact Information

	Person 1	Person 2
Name:		
Relationship:		
Address and Postcode:		
Telephone:		
Email address:		

GP Details

Doctor's name:	
Surgery name:	
Address and Postcode:	
Telephone:	

Transport requirements

Transport needed? Yes / No / Can provide transport initially

Living arrangements: Care home / Family / Sheltered Accom.

Family / Carer present for pickup/drop off: Yes / No

Please note:

- There is often a waiting list for transport. The person will be able to attend more quickly if own/alternative transport can be arranged initially.
- Our service provides door-to-door transport. Please arrange for family / carer to be present if additional support is required to exit/enter home.

Medical History / Support needs

Diabetic Yes / No
Registered disabled Yes / No
Can manage own personal care Yes / No
Personal Care continent / incontinent / needs reminding
Dementia Yes / No
Mobility aids walking stick / walking frame / wheelchair / none
Special dietary requirements _____

Medical conditions (list below):

Medication (list below, or provide copy of prescription):

Medication <i>(for emergency services use only)</i>	Dosage/Time of day

Payment requirements: Cash to centre / Cash to driver / Monthly Invoice**

*** Monthly invoice only available for people with dementia (standing order to be set up by family / carer).*

Other day centres attended:

Hobbies and interests:

Trial visit contact:

Contact details of person who will transport and accompany the service user for a free trial visit once a place becomes available (trial visit is 12-3pm, including lunch): _____

Other information: _____

Date form completed: _____