



Client Form

Date of Referral: _____ Is this a self-referral? Yes No

If No, who is referring? Name: _____

Organisation/ Position: _____

Tel: _____ e-mail: _____

Name of Client: _____ **Date of birth:** _____

Address: _____

Postcode: _____ **Tel No:** _____

Does client live alone? Yes / No If no, names of other occupiers of dwelling:

Name: _____ **Name:** _____

Relationship: _____ **Relationship:** _____

Next of kin: _____ **Tel:** _____

To be completed by co-ordinator:	Client Reference No _____
Contacted client on: _____	Visited client on _____
Support commenced on: _____	Volunteers name _____
Ivybridge support ended: _____	Not matched/referred on _____

	✓	<i>How would the client like the volunteer to help?</i>
Companionship / Visits		
Shopping / Library books		
Walking / Join groups		
Other needs		

Mobile: 07791 239357

E-Mail info@ivybridgearing.co.uk

Registered Charity No.1135960

GP name: _____ Practice: _____

Disabilities: _____

Key worker: _____ Tel: _____

Background information i.e. Medication

Are there any health and safety issues that we need to consider when placing a volunteer with this client? i.e. pets, access

Is client a smoker? Yes / No* *NB Ivybridge Caring adopt the official NHS smoking policy with regard to outreach workers, whereby the client needs to refrain from smoking half an hour before our worker is due to arrive, and refrains from smoking whilst the worker is present.

NB: If not self-referral please note that any information provided can be shared with client

Data protection Act 1998: Client names and addresses are stored on our computer system in a coded format for administrative purposes and are only available to other parties following the express consent of the client concerned.

I have read and agreed with the above and accept a visit from the Ivybridge Caring

Client Signature: _____ Date: _____

or

Referrer Signature (if relevant): _____ Date: _____

Please return to:-

Ivybridge Caring
Community Room 2nd Floor
The Watermark
Erme Court
Ivybridge
PL21 0SZ