handyperson & Gardening Referral form

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| --- |
| **PROSPECTIVE CLIENT:** |
| **Title:**  | **First Name:**  | **Surname:**  |
|  |  |  |
| **Address (Please Print):**  |
|  |
|  |
| **Town:** |  | **Post code:**  |
| **Tel No:** |  | **Date of Birth:** |
| **NOK:** |
| **Title:**  | **First Name:**  | **Surname:**  |
|  |  |  |
| **Address (Please Print):**  |
|  |
|  |
| **Town:** |  | **Post code:**  |
| **Tel No:** |  |  |
| **REASON FOR REFERRAL** |  |
| **Has the client given their consent for you to contact us?** |  |
| **Does the client live alone?** |  |
| **HEALTH:** |
| **Does the client suffer from mental ill health or dementia?** |  |
| **Does the client have any hearing or sight impairment or a physical disability?** |  |
| **Does the client have any alcohol &/or drug issues?** |  |
| **If anyone else is likely to be in the property, do they have a mental &/or physical health disability, drink &/or drug issue?** |  |
| **Is the client a smoker?** |  |
| **Are there any animals on the premises?** |  |
| **If the answer is yes to any of the above marked \* please supply further information:** |
|  |
| **Name &** **contact details of referrer:** |  |
| **Date:** |  |

**Please email this document password protected to:** **aa.servicemanager@ageukherts.org.uk**