



Abbey Community Centre, 222c Belsize Road, London NW6 4DJ, Tel No: - 020 7372 9860,
Email: info@hennaorg.co.uk, anita_hennaorg@yahoo.com
Web: www.hennaorg.co.uk

Befriending Service Referral Form

Referrer Details

1. Name of Referrer:
2. Job Title:
3. Organisation:
4. Contact Details (Telephone, Email ID):
5. Nature of Referral:

Client Details

6. Name:
7. Address:
8. Email ID:
9. Phone: Mobile:
10. Date of Birth: Gender:
11. Language needs: Country of origin:
12. Disability: Yes or No If yes, please specify and describe needs (wheelchair, etc)

13. Does the client have any health issues? Yes or No - Please specify what the health conditions are

14. Does the client have any Mental Health conditions? Yes or No - If yes please specify.

15. Please can you specify the client's accommodation details? (lives alone, care home)

16. Does the client have any family issues? Do they visit? Yes or No If yes please explain

17. Is the client at harm to them self or anyone else? Yes or No If yes please explain

18. Do you have any other concerns we should be aware of? Yes or No If yes please explain

19. Can the client leave their accommodation to go outside? If so do they require any additional support?

20. Who else will be present in the house during the weekly visits?
