South Eastern Health and Social Care Trust

CARING COMMUNITIES SAFE & WELL

**As the population ages and more people are living alone social isolation and loneliness are emerging as two of the major issues affecting health, wellbeing and independence. The Caring Communities Safe and Well service would like to help you address these issues!**

## Criteria for referral

| | Yes | No |
|---|---|---|
| **Person feels lonely and is socially isolated?** | | |
| **Aged 65 years or more?** | | |
| **Live within the South Eastern Health and Social Care Trust area?** | | |
| **Must be independent and living within the community?** | | |

## Personal details (service user)

| | | | |
|---|---|---|---|
| **Name** | | | |
| **Address and postcode** | | | |
| **Telephone number** | | **Referral Date** | |
| **Date of birth / age** | | **Male / Female** | |
| **Can service user be contacted directly?** | **Yes/No** | | |
| **Contact/Next of Kin where Service User unable to be contacted directly** | **Name:** | | |
| | **Address:** | | |
| | **Telephone:** | | |
| | **Relationship:** | | |
| **Informed Consent** | *I wish to be referred to the Caring Communities Service which may include onward referrals to other organisations and services and hereby give my consent* **Verbal consent Tick here** ☐ | | |

## Referral source (if different from above)

| | |
|---|---|
| **Name** | |
| **Address and postcode** | |
| **Telephone number** | |
| **Email address** | |
| **Organisation & Position** | |
| **How did you hear about the service?** | |

## Services Involved and Required

## Any other information

| **Other services involved** *e.g. Care Management, Occupational Therapy* | **Contact Details** |
|---|---|
| | |
| | |
| | |

## Services Person is seeking referral or provided information on:

| |
|---|
| |

Health Development Department

For more information or to return this form call 028 9756 6934 or email safeandwell@setrust.hscni.net