**COMPASSIONATE NEIGHBOURS: REFERAL FORM**

Compassionate Neighbours is free, community-led support for anyone with a life limiting illness and is socially isolated. It is delivered by North London Hospice in Barnet, Enfield and Haringey.

***The Compassionate Neighbours project intends to support those in the last years of life or those caring for them***

Following referral, the person will be contacted and visited to assess their suitability and needs. If they consent to receiving support from a Compassionate Neighbour we will then seek to match them with a trained and supported person who will visit them regularly.

Please fill in this form to refer someone to Compassionate Neighbours (fill in as much info as you can), and email it to cn@northlondonhospice.co.uk, or post it to Compassionate Neighbours Project, 47 Woodside Avenue, N12 8TT

**Details of the person who would like support**

|  |  |  |
| --- | --- | --- |
| First name |  | |
| Last name |  | |
| Telephone number |  | |
| Mobile number |  | |
| Address |  | |
| Post code |  | |
| Borough |  | |
| Date of Birth |  | |
| Preferred language |  | |
| Will a translator be required for a home visit? | |  |
| Has the person agreed to be referred to this project? | |  |
| Is the person willing to be contacted by phone? | |  |
| Is the person willing to be contacted by post/ e-mail? | |  |

**Additional details**

|  |  |
| --- | --- |
| Are there any other people who live in the property? |  |
| Are there any regular visitors? |  |
| Do they have any pets? |  |
| What is the access like to the property? |  |
| Are there any health or behaviour factors that we should be aware of prior to a home visit? |  |
| Reason for referral |  |
| What do they want to get out of a relationship with a Compassionate Neighbour? |  |
| Any other information |  |

**Next of kin details**

|  |  |
| --- | --- |
| Name |  |
| Relationship |  |
| Telephone number |  |
| Date this person consented to be named NOK |  |
| Other information: |  |

**Referrer details**

|  |  |
| --- | --- |
| Name |  |
| Organisation (if applicable) |  |
| Telephone number |  |
| Email address |  |
| How should we inform you of the result of this referral? | **Email** |

Date

Thank you for your referral. If there is anything else you would like to discuss, please contact the Compassionate Neighbours team on 022 8343 8841