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| To:  North East Sensory Services  21 John Street  Aberdeen AB251 BT | (Office use only)  Referral taken by:  Date:  Known to Ness: No.  Last contact date:  Allocated to:  Date: | | |
| **Service User Details:**  Title: Click or tap here to enter text.  Name Click or tap here to enter text.  Surname: Click or tap here to enter text.  Address: Click or tap here to enter text.  Postcode: Click or tap here to enter text.  Tel: Click or tap here to enter text.  Email: Click or tap here to enter text.  Date of Birth: Click or tap here to enter text.  NI Number: Click or tap here to enter text.  Gender: female  Lives alone: Yes ☐ No ☐  **Ethnic Origin:**  White: ☐  Asian: ☐  Mixed/multi ethnic: ☐  African/African Scottish/British ☐  Caribbean or Black: ☐  Arab/Arab Scottish/British ☐  Arab other: ☐ | | **Accommodation:**  Home owner ☐ Local Authority ☐  Housing Association ☐ Care home ☐ Sheltered Housing ☐ Other ☐  **Occupation –**  **School attended**  **Details Relating to Sensory Loss:**  Hearing category:  Vision category:  Communication Method:  Hearing aid info: | |
| **Emergency Contact**  Name: Click or tap here to enter text.  Address: Click or tap here to enter text.  Relationship:  Tel: Click or tap here to enter text.  Mob: Click or tap here to enter text. | | GP: Dr  Address:  Tel: Click or tap here to enter text. |

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| **Relevant Background Information:** |
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| **Reason for Referral:** |
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| **Communication / Access issues / Risks identified** |
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| **Referred by:**  Self ☐  CVI ☐  Hospital Information Officer ☐  Other ☐  Name: Click or tap here to enter text.  Organisation/Service: Click or tap here to enter text.  Address: Click or tap here to enter text.  Tel: Click or tap here to enter text. | |
| **Client has agreed to referral**  **to NESS services ☐** | **Notes**  Click or tap here to enter text. |
| Client has been offered a Statutory Assessment of Need    Accepted ☐ Declined ☐ N/A ☐ |

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| **Internal Use Only** |
| **Referrals to:-** |
| Social Work: ☐  Rehabilitation ☐  F/W Assistant ☐  Employment Service ☐  Equipment Service ☐  ICT ☐  Welfare Rights ☐  **Aberdeen / Moray only**  CIS ☐  Young Persons Sensory Service ☐  **Angus & Dundee Only**  Volunteer Co-ordinator ☐ |

When completed please email to:

For residents of Dundee: [dundee@nesensoryservices.org](mailto:dundee@nesensoryservices.org)

For residents of Moray: [morayduty@nesensoryservices.org](mailto:morayduty@nesensoryservices.org)

For residents of Aberdeen City: [info@nesensoryservices.org](mailto:info@nesensoryservices.org)

For residents of Angus: [angusduty@nesensoryservices.org](mailto:angusduty@nesensoryservices.org)

For residents of Aberdeenshire – for statutory services (social work assessment, equipment and mobility training), please contact Aberdeenshire Health and Social Care Partnership for more information: [Services for people with sensory impairment - Aberdeenshire Council](https://www.aberdeenshire.gov.uk/social-care-and-health/living-independently/sensory-impairment-services/)

For details of non-statutory, NESS Added Value Services available to residents in Aberdeenshire, please email [info@nesensoryservices.org](mailto:info@nesensoryservices.org) for more information.