|  |
| --- |
| **Age UK Leeds - Digital Wellbeing Service** **Referral Form****Please complete all fields in as much detail as possible. Contact will be made within 5 days of referral** |
| **Digital Health Community Development Worker:** Lee Potter**Tel:** 07983 216 552**Email:** lee.potter@ageukleeds.org.uk  | **Client Name:****Phone Number:****Address:****Postcode:** **D.O.B:** |
| **Consent to record contact information:** Yes [ ]  **\*Referrals will not be accepted without consent****Preferred method of communication:** Phone [ ]  Text [ ]  Email [ ]   |
| **Reason for referral** – Please state any identified digital health & wellbeing needs: (examples – to make video calls to health professionals, to be able to use health management and NHS apps, to access reliable health information)**If known, please state what equipment the client already has. This is helpful, but not essential.****Internet connection:** Home Wi-Fi [ ]  Mobile Data SIM [ ]  **Equipment:** Smart Phone [ ]  Tablet [ ]  Laptop/Desktop [ ]  **Other:** [ ]  Please specify:  |
| **Referrer’s Details (if applicable)****Name:****Job title:****Organisation:****Tel:****Email:** | **Any identified risks?**Yes [ ]  No [ ]  If yes, please provide details: |
| **Accessibility / Sensory Needs:**Hearing [ ]  Sight [ ]  Dual [ ]  Other [ ]  Please specify: |
| **Electronic Signature:** | **Date:** |