|  |  |  |  |
| --- | --- | --- | --- |
| **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](mailto: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:** |