

Referral Form

*Person's Name

NHS Number (optional)

*Address

*Postcode

*Tel No:

Mobile No:

Email

*Date of Birth

Marital Status

Gender

Ethnicity

Religion

Preferred Language

Interpreter Needed Yes No

Other Communication Needs

Next of Kin

GP Name

GP Address

GP Tel No:

Hospital & Ward (If applicable)

Expected date of discharge (if applicable)

Disability Yes No

*Reason for Referral

*Please state any other medical conditions that we need to be aware of:



Confirmation of consent to share information with Agewell

- Written
- Verbal
- Making a self-referral

Your Details

Name	<input type="text"/>
Tel No:	<input type="text"/>
Mobile No:	<input type="text"/>
Email	<input type="text"/>

Relationship to person detailed above

Please return the completed form to:

Agewell CIC
Rounds Green Library,
Martley Road,
Oldbury
B69 1DZ

or fax to 0121 217 0025

* must be completed

Data Protection Privacy Notice

Agewell CIC will only collect and use your information for the lawful purposes of administering our services. Your data will be collected for monitoring purposes so that we can track you through our system in order to confirm that you have accessed the service and for general monitoring and evaluation purposes.

We will also use this information to support and monitor our commissioned services to enable the continuation of Agewell services. This data will be stored on Agewell's electronic systems and will be shared with commissioners. Your information will remain on this system for a maximum of 3 years. Any further use of your data will be either replaced with a code or anonymised, so that we cannot identify any individual.