Get Up and Go Referral Form

Completed By:		Date:	
Referred From: (please tick)	**Self**	**Relative**	**Organisation: (Name)** _____

PERSONAL INFORMATION

Surname:		Forename:	
Initial:		**Title:**	

Address:	

Town:		Postcode:	
Main Telephone Number:		**Mobile Number:**	
Email Address:		**Preferred Contact:**	
Gender:		**DOB:**		**Age:**	
Ethnic Group:				**Not Stated (tick)**	

Who Lives With You?	Number in Household and who:	

Carer for: (please tick)	Relative	Wife	Partner	Children	Neighbour	Other

HEALTH & WELL BEING

GP Practice:				
GP Name:				
Registered disabled:	**Yes**	**No**	**Further Information:**	
Details of regular medications (if applicable):				

Tameside age UK

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REASON FOR REFERRAL

NEXT OF KIN / EMERGENCY CONTACT DETAILS	
Name:	
Relationship:	
Telephone / Mobile:	
Address:	

AWARENESS OF AGE UK TAMESIDE SERVICES

How did you find out about Age UK Tameside's services (please tick)?

☐ **Age UK Promotional Material**

☐ **Age UK Tameside website or social media**

☐ **Other website/search engine**

☐ **Recommendation/word of mouth**

☐ **Tameside Media**

☐ **Local event/information stall**

☐ **GP surgery/health professional**

☐ **Other Agency**