

# Third party referral form

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**Luton Council**  
**Adult Social Care (ASC)**  
**Third party referral form**

# Instructions

## Purpose of this form

- This form is designed to allow you to refer a friend, family member or patient to the Adult Social care (ASC) Service at Luton Council
- If you believe a friend, relative or patient is in need of care services please complete this form and return it to the council

## Instructions for this form

- This form is designed to be easy to complete, it represents the minimum data requirements of the council to process an Adult Social care (ASC) referral.
- If you leave information blank or provide incorrect information it will delay the assessment of your friend, relative or patient.
- **Please complete all the questions, without this we will return your referral.**
- Please return this form to our [email address](#).
- Alternatively please phone us on **01582 54 7659** with the form completed and we will take the details by phone.
- You may also post this form to our Customer Service Centre, Town Hall, Luton
- **Please note that we do accept fax referrals**

## Section 1 – Your details

Your name:

Your contact details:

Reason you are making this referral:

## Section 2 - Details of the person you wish to refer to adult social care (ASC):

Name:

Address:

Contact Number:

Date of birth:

National Health Service number:

General Practitioner practise details:

Ethnicity:

Reason for referral:

Medical conditions:

Does this person have any language requirements?  
(Please detail if yes)

Please tick: Yes No

Have you obtained their consent for a referral?

Please tick: Yes No

## Section 3 – Additional information of the person

### Health and Wellbeing

What are the general health difficulties at the moment?

#### Health and Wellbeing Medication

Please list medication:

Can the person self-medicate (Yes/No)

#### Health and Wellbeing Mobility

Is mobility an issue

Do they have problems indoors, outdoors or both?

Do they have difficulties getting in/out/off a bed/chair/toilet?

#### Health and Wellbeing Continence

Does the person have any toileting difficulties?

#### Health and Wellbeing Memory issues

Is there any memory issues? Is there a diagnosis of memory loss?

#### Health and Wellbeing Emotional needs

Are you having any difficulties in these areas? Are they known to Mental Health?

## **Personal care**

What can they do in regard to personal care?

What difficulties are they having?

What do you think could help?

## **Nutrition**

Can they make a main meal, drink and snacks?

Can they carry a hot drink/snack between rooms?

Have they any dietary needs?

## **Practical living**

Are you having any difficulties with any practical living tasks? For example shopping, cleaning, gardening?

Do they live alone?

## **Finances**

What, if any, financial difficulties are they having?

Does anyone help manage their finances?

How much are your savings at the moment? (if funding being requested for care home placement)  
Care is chargeable with savings over £23,250

## **Accommodation**

Are they having any difficulties with where they live at present?

Do they use all the rooms in the house?

## **Essential parenting role**

Do they have difficulties with an essential parenting role?

## **Community life**

Do they feel isolated and unable to get involved in the community?

## **Staying safe**

Do you feel that they are having difficulties staying safe? Indoors/Outdoors

Do they have a community alarm?

How do you think we could help them?

## **Family carers and social support**

Do they have any family or informal carers who are having difficulties?

How do you think we could help them?