



## COMMUNITY NAVIGATORS REFERRAL FORM

If you are making this referral on behalf of somebody else, please ensure that they have consented to the referral being made.

**Boxes marked with an ‘\*’ denote required information.**

<b>*Date of referral</b>	
<b>How did you hear about the project?</b>	

<b>*Title:</b>			
<b>*First name:</b>		<b>*Surname:</b>	
<b>Preferred name:</b>		<b>*Date of birth:</b>	
<b>*Home address:</b>			
<b>*Contact number/s:</b>			
<b>Email:</b>			

<b>Preferred method of communication (phone, email, letter etc.)</b>		<b>If via <u>phone</u>, preferred time to contact:</b>	
<b>Can a message be left with another person/answer machine?</b> <small>If yes please give details</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Name:	
<b>Living arrangements:</b> <small>Please provide further details in space given</small>	Alone <input type="checkbox"/>		
	With family <input type="checkbox"/>	Details:	
	Other <input type="checkbox"/>	Details:	
<b>Do you/person you are referring have any caring responsibilities for another person?</b> <small>If yes please give details</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:	

<b>Name and relationship of referrer and contact details</b> (if applicable)	<b>Name:</b>	
	<b>Relationship:</b>	
	<b>Email:</b>	
	<b>Telephone:</b>	
<b>*Please indicate why this referral is being made:</b>  <b>Please provide a brief summary</b>	<b>E.g.</b> <i>-Reduce social isolation,</i> <i>-Bereavement,</i> <i>-Reduce reliance on NHS services,</i> <i>-Address practical support needs - benefits, debt, housing, letters etc.,</i> <i>-Encourage self-care - including diet and exercise,</i> <i>Improve confidence and self-esteem</i>	
<b>Please give a brief description of anything we need to be aware of</b>	<b>E.g.</b> <i>Health concerns,</i>  <i>Accessibility issues,</i>  <i>Any other support in place?</i>	

**The person being referred to the service**

I consent to the Community Navigators contacting me.

Sign ..... Date.....

**If you are making the referral on behalf of someone else and they are not present or able to provide a signature**

Please tick here to confirm that they have consented to the referral

**Completed forms**

**Email:** community.navigators@nhs.net

**Posted:** Community Navigator Service, 6<sup>th</sup> Floor, Bristol Community Health, South Plaza, Marlborough Street, BS1 3NX

**Phone:** 0117 440 9100 (office hours only – Monday – Friday 9am – 5pm)

## About you

We would be grateful if you could complete the below information.

We collect this information to ensure that our service is accessible to everyone in our community, if our data shows that we are not reaching everyone in our community we can take action to make our service more accessible.

Thank you

<b>Which of the following best describes your gender identity</b>	
I identify as a man <input type="checkbox"/> My gender differs from my sex at birth <input type="checkbox"/> I identify as a woman <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	
<b>Do you identify as transgender?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
<b>What is your age group?</b>	45-64 <input type="checkbox"/> 65-74 <input type="checkbox"/> 75+ <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
<b>Which of the following best describes how you think of yourself?</b>	
Heterosexual/straight <input type="checkbox"/> Gay man <input type="checkbox"/> Lesbian/gay woman <input type="checkbox"/> Bisexual <input type="checkbox"/> Asexual <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other - please state: <input type="checkbox"/>	
<b>What is your marital status?</b>	
Single <input type="checkbox"/> Separated <input type="checkbox"/> Married/civil partner <input type="checkbox"/> Widowed/surviving civil partner <input type="checkbox"/> Divorced/person whose civil partnership has been dissolved <input type="checkbox"/> Marital/civil status not disclosed <input type="checkbox"/>	
<b>Which of the following best describes your religion or belief?</b>	
Christian <input type="checkbox"/> Muslim <input type="checkbox"/> Buddhist <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Sikh <input type="checkbox"/> No religion <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other - please state: <input type="checkbox"/>	
<b>Which of the following best describes your ethnic background?</b>	
<input type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> White – any other White ethnic group <input type="checkbox"/> Mixed – White and Black Caribbean <input type="checkbox"/> Black or British – African Somali <input type="checkbox"/> Mixed – White and Asian <input type="checkbox"/> Black or British – Caribbean <input type="checkbox"/> Mixed – White and Black African <input type="checkbox"/> Black or British – other Black background <input type="checkbox"/> Mixed – any other mixed background Asian or <input type="checkbox"/> Chinese <input type="checkbox"/> Asian British – Indian <input type="checkbox"/> Other - please state: <input type="checkbox"/> Asian or Asian British – Bangladeshi <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Asian or Asian British – Pakistani <input type="checkbox"/> Other ethnic group: <input type="checkbox"/> Asian or Asian British – other Asian background	