

# The Northern Fells Group

Operating in the Civil Parishes of Boltons, Caldbeck, Castle Sowerby, Ireby & Uldale, Mungrisdale, Sebergham & Welton, and Westward & Rosley



ACTION THROUGH COMMUNITY

## REFERRAL FORM

### Referrer name:

Organisation (if applicable):

Address

Tel number(s)

Email address

Referrer's relationship to person being referred - **relative**      **partner**      **friend**      **professional**

### Name of person being referred:

Address

Tel number(s)

Email address

### Reasons for referral:

### Referred person's GP practice:

### Service/activity referring to:

Community transport      Lend and Hand      Medical loans      Dementia/memory loss support  
Benefits advice      Men In Sheds      Social activity groups      Exercise groups      Befriending

Are they known to any other services? YES      /NO      If 'YES' please provide details:

Do you know of any risk associated with home visits? YES      /NO      If 'YES' please provide details:

Have they consented to this referral – YES      / NO

### Date:

Please return to: [Office@northernfellsgroup.org.uk](mailto:Office@northernfellsgroup.org.uk)