



South Lough Neagh Befriending Initiative Referral Form

Befriender Name _____
Address _____

Postcode: _____
D.O.B _____
Phone No. _____

Does this person live alone: Yes
No

If no, give details: _____

Next of Kin Name _____
Address _____

Postcode: _____
Daytime No. _____
Evening No. _____
Mobile _____

GP _____
Address _____

Postcode: _____
Phone No. _____

Referral Agent _____
Address _____

Postcode: _____
Phone No. _____

Relevant information regarding Health & Safety:

- Impact on personal safety:
- Preference for male/female befriender
- Access into home
- Safe environment
- Access to telephone

Please indicate any mobility problems: _____

Indicate Level of family support:

Daily Weekly Monthly None

Reason for requesting befriending support:

Social Isolation Bereavement Immobility Home from Hospital
Loneliness Fear

Expectations of the befriender or referrer on the Befriending Initiative: _____

Befriender hobbies/interests: _____

Have you made the family aware of the referral?

Yes No

Referral Agent Signature:

Date: _____

No referral should be made without prior client or family consultation

Please return to:

Bernadette Donnelly
Loughshore Care Partnership
1 Maghera Business Centre
Maghera Road
Dungannon
BT71 6PA