



APPLICATION / REFERRAL

FORM FOR DAY SERVICES

Pursuant to the requirements of the Data Protection Act May 2018, you are hereby notified that this Day Service and Oxfordshire County Council will record your information and use it to help in the provision of appropriate assistance and services, monitoring and administrative functions. Where it is relevant, they may share this information with Social and Community Services Professionals.

DAY SERVICE	THAME AND DISTRICT DAY CENTRE, Thame Town Cricket Club Church Meadow, Church Road Thame, Oxfordshire OX9 3AJ 01844 212080 www.thameanddistrictdaycentre.co.uk		
APPLICANT			
Full Name:		D.O.B.	
Address:			
Preferred Name:		Gender:	MALE / FEMALE
Landline & Mobile:			
Marital status:		Living alone:	YES / NO
Type of accommodation:		Lives with informal carer:	YES / NO
Other care / support services received:			
REFERRAL			
Name of referrer:		Phone / Mobile:	
Address:			
E mail:-			
Agency/ Relationship to Applicant:		Date of Referral:	
Preferred day to attend <i>(please circle one:)</i>		Tuesday, Wednesday Friday	
Is Applicant aware of referral?	YES / NO	Transport required:	YES / NO
GP's Name:		Phone / Mobile:	
Practice / Address:			

CONTINUED OVER.....

EMERGENCY CONTACT DETAILS		
Name		
Address		
Telephone No:		Mobile No: <input type="text"/>
e – Mail		
Relationship		
Medical history Day Services should be aware of:-		
Heart Condition, including pacemaker:	Yes/No	If yes please give details and dates below:-
Mobility i.e. uses aids:	Yes/No	If yes please give details and dates below:-
Breathing Problems:	Yes/No	If yes please give details and dates below:-
Diabetes:	Yes/No	If yes please give details below:-
Allergies: Medication / Food	Yes/No	If yes please give details below:-
Diagnosis of Dementia/ Alzheimer's	Yes/No	If yes please give details below:-
Short Term Memory Loss/any other mental health issues.	Yes/No	If yes, please give details below: -
Other:	Yes/No	If yes please give details below:-
Reason for Referral/Application		
Permission to share information with Social & Community and Health Care Professionals:	YES / NO	
Signature Of Applicant	DATE:	