



Health Buddy Scheme – Client Referral Form

Send to: healthbuddy@pcp.uk.net

Pioneering Care Centre, Carers Way, Newton Aycliffe, DL5 4SF

Phone Contacts: 01325 321234 (Fiona Chrichard / Margaret Curtis/ Sheila Pinkney)

Referrer Name		Referral Date	
Referrer Service & Tel No			
Date Discharged from Hospital (if appropriate)			

Name of Client			
Preferred Name		Date of Birth	*Over 50 Only
Address			
	*Must live in East Durham Rural AAP Area	Postcode	
Client Phone No		Mobile Number	
GP Name and Address			
		GP Phone Number	
Emergency Contacts	1.	2.	
Other Service(s) Contacts (eg Social Worker)			
Known Medical Conditions and disabilities			
Any risks and concerns to client/volunteer safety			
What support is required by client			
Verbal consent obtained to refer to Health Buddy Scheme			