

Date of Enquiry:			
Referred by:		Organisation:	
What type of contact would you like from a Volunteer Befriender?	Telephone	Face-to-Face	Group Befriending (Coffee and Conversation) <i>Providing client can travel/be driven</i>
Client's Name: _____ Known as: _____			
Age: _____ Date of Birth: _____ Telephone: _____			
Gender: _____ Ethnicity: _____			
Address: _____ Post Code: _____			
Do you live alone or with someone (if so, who) _____			
Next of Kin:		Telephone No:	
Relationship:			
Do you have any disabilities, if so please list here:			
Have you been diagnosed with dementia YES/NO			
Do you receive any care services at home? Including cleaning/washing/meals/getting up/going to bed: YES/NO		If so, how often/when do they come?	
Do you have regular contact with anyone? (E.g. Family or friends) YES/NO		Who are they and when do you have contact with them?	
Are you able get around by car or public transport? YES/NO			
What are your interests:			
Do you attend any clubs, classes or activities within the community?			
If you go out regularly, where do you like to go?			

How would you consider your current Mental Wellbeing on a scale of 1-5 at this time? Please circle:

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling interested in other people	1	2	3	4	5
I've been feeling good about myself	1	2	3	4	5
I've been feeling confident	1	2	3	4	5
I've been interested in new things	1	2	3	4	5
I've been feeling cheerful	1	2	3	4	5