

# Lewisham Churches Care

*Befriending Across the Generations*

Goldsmiths Community Centre, Castillon Road, Catford, SE6 1QD  
020 8698 3735

## Befriending Referral Form

If you are making a referral on behalf of a client, please ensure that he/she is agreed to this referral being made and interested to find out more about the Befriending Project.

Name of Client: Surname:..... First Name:.....

Address.....

..... Postcode.....

Tel:..... Date of Birth.....

Gender: Male Female Preferred Language.....

Medical Conditions.....

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Disabilities.....

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Reason for Referral.....

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.....

Does the client live alone.....

(If No please give details).....

Does the client have any pets (please give details).....

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How did you hear about the project.....

.....

Please continue overleaf if you require more space

(cont'd)

**Is the person currently using, or known, to any services in Lewisham (e.g. Social Services, Health Services, Voluntary Organisations)? Please Specify**

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**Other Information**

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**Please return the completed form to Lewisham Churches Care and mark the envelope confidential.**

**Referred by..... Position.....**

**Address.....**

**Tel:..... Date.....**

**Thank you**