**COVID19 Telephone Befriending Referral Form**

**Criteria:**

Lives in Brighton, Hove, Adur or Worthing. Aged 65+. Has limited existing social contacts with family or friends and as a result is experiencing loneliness.

**Person being referred:**

Name: Telephone Number: Date of Birth:

Address:

**Name of Referrer:**

Name: Telephone Number:

Email:

**How do you know the person being referred?**

**Does the person being referred have memory loss?** Y / N

**If yes do they have a diagnosis and if so, what is the diagnosis?**

**Has the person being referred given permission for their contact details to be shared?**

Y / N