



# Good Morning Larne Referral Form

**Good Morning Larne**  
Larne Community Care Centre,  
1-5 Doric Way,  
Antiville, Larne  
BT40 2BH  
Email: [gmlarne@larncecc.org.uk](mailto:gmlarne@larncecc.org.uk)

Tel: 028 2827 3362  
Mobile: 07730 482888

Name of Referrer:  Profession:

Address:   
Postcode:

Tel. No:  Email:

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Name of Client:

Address:   
Postcode:

Tel. No:  Date of Birth:

Please note the name & telephone number of any person you feel should be in attendance during the initial visit of the Service Co-ordinator (e.g. in the case of a client with early dementia):

Do you need this service to commence with immediate effect, prior to an initial visit? Yes  No

If yes, please give the name and telephone number of a contact person, who preferably is a key holder:

**NO HOME VISITS BEING CARRIED OUT DUE TO COVID19**

## Medical/Social Information

Please note any relevant medical conditions/social/other information you think we should be aware of before we contact and visit this person or provide a Good Morning Service to them. In particular, please note if you are aware if they need any specific social/healthcare supports and the reason.

**Please note any personal safety issues we should be aware of prior to undertaking a home visit**

**Please tick which criteria this client fits:**

- Clients must reside within the Mid and East Antrim, Borough of Larne Area
- The client:
  - is aged 65+  is under 65
  - lives alone or with an equally vulnerable or isolated partner
  - has no close relatives/friends who can call regularly
  - has a physical, learning or mental health disability which isolates them in their own home (please specify type of disability)

(The above are guidelines and are not rigid. Each referral will be assessed individually, based on need)

Have you shared a client information leaflet with the person you are referring? Yes  No

Has he/she agreed to this referral? Yes  No

Signed:

Designation:

Date:

*Please forward this referral form to the relevant address depending on the area in which the client resides. A referral acknowledgement letter will be sent to the person and a visit arranged within 3 weeks of receipt of referral, if possible.*