

**CLIENT REFERRAL**



**Aylesbury Vale Advocates**

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AVA is a Company Limited by Guarantee - Number 3387904: Charity Registration Number 1063911

**CLIENT'S NAME:**

**DATE:**

**FULL ADDRESS:**

**AGE/D.O.B.:**

**TEL NO:**

**ETHNIC GROUP:**

*\*If it is inappropriate to contact the client or leave messages on this telephone number, please advise.*

**REASON(S) FOR REFERRAL / SPECIFIC NEEDS FOR ADVOCACY:**

**IMPORTANT:** *Please indicate whether the client has agreed he/she needs an advocate: - YES / NO*

**Diagnosis:** *Does this person suffer from - Mental Health problems*

*(Please tick)*

**Learning Disability**

**Other (please specify)**

**Capacity for communication:**

**Personal circumstances:**

**Risk assessment - please tick any areas of potential risk:**

**Aggression/harm to others**

**Self neglect**

**Suicide/self harm**

**Serious risk of exploitation**

**Referring Agency:**

**Contact Person / Carer:**

**Name of Referrer:**

**Relationship to Client:**

**Full Address:**

**Full Address:**

**Tel No:**

**Tel No:**