



OPAL Older People, Active Lives

Self-Referral Form

Please complete all sections of this form.

Your Personal Information			
Full Name:		Date of Birth:	
Preferred name:		Preferred Pronoun:	She/Her He/Him They/Them Other
Address: <i>(including post code)</i>			
Home Tel Number		Mobile Number:	
Email Address:			
Emergency Contact Details			
Full Name:			
Address: <i>(including post code)</i>			
Home Tel Number:		Mobile Number:	
Email Address:			

Please tell us your reason for referring to OPAL? (e.g. loss of confidence, recent bereavement, feeling low, not engaging with others, would like to join local groups)

Information About Your Health

How would you rate your mobility? Good Fair Poor

Tell us about it? (e.g. do you need to use any aids, are you at risk of falling)

Do you have any physical health problems? (e.g. COPD, suffered a stroke, angina, diabetic, incontinence issues):

Eyesight and Hearing

Do you have any sight issues?

Do you have any hearing issues?

Mental Health

1. Are you diagnosed with early-stage dementia/Alzheimer's? - Yes No
2. Do you experience from low mood/depression/anxiety? - Yes No
3. Are you diagnosed with any other mental health conditions?
(please give details below)

Care Provider

Name:
Tel:
How often:

Day Care

Location/s:
Days attended:

CPN

Name:
Tel:

Do you receive any support from professionals?
(e.g. Support Worker, Social Worker, Occupational Therapist, Psychologist, Physiotherapist, attending classes or therapy, etc.)

Do you receive support from family and/or friends? (e.g. meet sister once a week, live with family, lunch with friend weekly, attend a local group)

Is there anything else that we need to know before we progress? (e.g. do you or anyone in the household smoke, have a drug/alcohol dependency, suffer from anger management. Are there any pets?)

OPAL Service

What service/s do you think you would most benefit from? (tick all that apply)

One-to-One Support

Telephone Support

Accompanied/introduced to local group by volunteer

What interests do you have, and what would you like to achieve from using the service?

Is there any other information you would like to include?

The logo for Cyrenians, featuring the word "Cyrenians" in a stylized, rounded, blue font.

OPAL Older People, Active Lives

27 George Street, Bathgate EH48 9PG

You can contact us on: **Email** – opal@cyrenians.scot **Tel** – 01506 815 815