

Referral Form for customers with chronic health issues



Referee's professional details (name, surgery name/department):

Contact number: _____

Referee's profession

GP Consultant District Nurse Home care provider
Social worker Charity Local authority Other _____

To submit this form: By email to info@wellathome.co.uk -- or by post to Well@Home Wales, Ty'r Felin, Pontypool, Torfaen NP4 0XJ -- or call 01495 745910 to arrange collection.

1 Do you own or privately rent your property?
Yes No

If Yes, please proceed to question 2. Unfortunately, we cannot provide advice to those living in social or council rented properties.

2 Do you use less heating or electricity than you would like, because you worry about the cost?
Yes No

3 Do you think you spend 10% or more of your income on energy costs? (income including Housing Benefit, Income Support or Mortgage Interest or Council Tax benefits.)
Yes No

4 Is your heating system currently broken/not working and you cannot afford to fix it?
Yes No

If you answered yes to any of these questions, and you agree to a member of the Well@Home project contacting you to arrange a visit, please fill in your details below.

Name: _____ Age: _____

Address: _____

Telephone number: _____

