Lancashire County Council

ROVI Referral Form

**Please include at least one method of contact. Not everyone will have or wish to share all the details below.**

**Name:**

**Address:**

**Phone Number(s):**

**E-mail:**

**DOB:**

**Preferred contact method/person:**

**Other person's details if required:**

**Has the person given consent to refer to ROVI? Yes/No**

**If the answer is No, please do not complete this form.**

**Eye condition(s)**

Any other health conditions

**Please ask the person what concerns or issues they have under each section below. If there are no issues please write NONE under the section.**

Getting washed and dressed

Preparing and eating food

Preparing drinks

Doing housework

Reading and writing

Dealing with the mail

Getting around and about

Using the telephone

Shopping

Pursuing leisure activities

Additional Information or areas of concern

Please email [ACSCustomer.Services@lancashire.gov.uk](mailto:ACSCustomer.Services@lancashire.gov.uk) with the subject header **ROVI Referral**.