**TeleFriending Referral Form**

**Before filling in this form, please read our TeleFriending criteria to make sure the service is right for you.**

Do you identify as LGBT+?

* Are 50 years or over? Or are you feeling isolated or lonely and looking for some contact with someone you can be yourself with?
* Do you live in Scotland?
* Do you have a landline or mobile phone?
* Are you looking for a regular friendly call?

If the answer to all these questions is YES, we’d love to hear from you!

**Please complete this form and email it to our TeleFriending Coordinator -**

**Keith Paterson at**: **keith@lgbthealth.org.uk**

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| **About you** | | | |
| **Your name:** |  | | |
| **Pronouns:** |  | | |
| **Phone Number** |  | Is it ok to leave a voice message? | Yes/No |
| **Location in Scotland** |  | | |
| **Age** |  | | |
| **Your main reason for requesting this service:** |  | | |
| **Do you have any health conditions you’d like us to know about:** (For example mental health issues, hearing impairment, poor mobility, etc) |  | | |
| **Any other comments:** |  | | |