***GWASANAETHAU CYMUNEDOL Y WAEN OUTREACH – please indicate one or both***

**GOFAL DYDD /DAY CARE** Ie/Yes **HELPU’N GILYDD ( home visiting)** Ie/Yes

**Enw/chysylltiad yr un sydd yn cyfeirio / Name contact details of Referer**

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**Ffurflen Gwybodaeth / information required – Cyfrinachol / Confidential**

**Enw/Name**.....................................................................................................................

**Cyfeiriad/Address**......................................................................................................................................................................................................................................................................................................

**Rhif Ffon / Telephone Number and Email contact**

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**Dyddiad Geni / DOB...........................................................................................................**

**Enw a chyfeiriad teulu / Name and addresses / email contacts of partner and children**

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**Cyflwr Iechyd a Rheswm Cyfeirio / Reasons for referral**

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**Rhestr Tabledi / List ofTablets............................................................................................................**.

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**Nodwch gwasanaethau eraill / If receiving other services please state which**

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**Unryw rwystr i ymwelwyr i’r ty / Any issues for visitors to home e.g dog / steps /smoking etc**

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**Pa fath o bethau yr ydych yn hoffi ei wneud / Hobbies and Interests?**

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Ebostio / please email to helpugilydd@gmail.com or post to Canolfan y Waen/ Waen Day Care and Outreach , Ty Capel , Waen, Llanelwy / St Asaph, LL17 ODY