**Referral Form To Single Point Of Access For Adult Community Services**

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| **Date & time referral made:** | **Date & time referral received:** |
| **PATIENT DETAILS**:Name: Address: Post Code: Telephone number: Date of Birth: Ethnicity: NHS Number: Date of discharge (hospital only): | **REFERRER’S DETAILS**:Name (inc. Ward Name): Contact Address: Contact Telephone Number:Relationship to patient:  |
| GP SURGERY DETAILS:  |
| **NEXT OF KIN CONTACT DETAILS**:  | **CARERS CONTACT DETAILS** (IF APPLICABLE):  |
| **HEALTH SERVICE REQUIRED** (PLEASE TICK):☐ Community Nursing☐ Community Matron☐ Community Physiotherapy☐ Community Occupational Therapy☐ Community Phlebotomy☐ Community Dietician☐ Specialist Nursing ……………………………………………..☐ Rapid Assessment Clinic☐ Step Up Crisis Care Community Bed ☐ Step Down Rehab Community Bed **(Hospital Referral only)**☐ Other …………………………………………………………………… | **SOCIAL CARE SERVICE REQUIRED** (PLEASE TICK):☐ Integrated Reablement |
| **LEVEL OF URGENCY REQUESTED** (PLEASE TICK): |
| ☐ 2 HOURS☐ 4 HOURS | ☐ SAME DAY☐ NEXT DAY | ☐ ROUTINE☐ OTHER – SPECIFY DATE |
| **ACCESS TO PROPERTY**:Location of patient (room):Key safe number:Any known environmental risks (EXPLANATION):  |
| **REASON FOR REFERRAL**: **IS THIS PATIENT HOUSEBOUND?** ☐**YES** ☐**NO** ☐Can patient be contacted directly |
| **RELEVANT PAST MEDICAL HISTORY AND CURRENT CONDITIONS** (**MUST ATTACH SUMMARY OR RELEVANT DISCHARGE SUMMARY IF APPROPRIATE/APPLICABLE**): |
| **CURRENT MEDICATION** (DRUGS LIST AND KNOWN ALLERGIES): |
| **SOCIAL CARE ARRANGEMENTS IN PLACE** (IF KNOWN):☐ Lives alone in own home with no care☐ Lives with family/spouse with no formal care☐ Lives in own home with care package in place☐ Long term residential care☐ Long term nursing care☐ Warden controlled accommodation☐ Currently inpatient in acute/community bed  | **MENTAL HEALTH STATUS** (IF RELEVANT):Any current cognitive problems:Formal diagnosis of dementia: Other mental health diagnoses: If yes, please specify: Already known to specialist mental health teams: Yes/No |

Please return form and supporting documents to: epunft.SinglePointOfAccess@nhs.net

For any queries/enquiries, please contact Single Point of Access on 01279 827524 (t), 01279 827827 (f) V4