**Grapevine Community Respiratory Service - Referral form**

**Criteria:**

[ ] Adult aged 16 +

[ ] Living in City of Edinburgh Council local authority area or registered with Edinburgh GP.

[ ] Contact with City of Edinburgh Health and Social Care Practitioner.

[ ] Require information, advice and/or support on range of topics Grapevine covers (please select from list below).

1. **Date form filled in:**
2. **Name and contact details of person making the referral:**
3. **Contact details of person requiring information and advice**:

Name:

Date of birth/age:

Address:

Telephone:

Email:

Video call:

Preferred Method of contact:

1. **Background information and reason for referral:**
* **What is the primary reason for referral?**
* **Please specify any concerns and degree of urgency as required:**
* **What is the person’s level of engagement with services?**
* **What is the current level of support (from family, friends, other agencies etc)? Please specify if there is a main carer involved.**
* **What is the person’s current level of mobility in terms of physical distance they can walk aided or unaided? What is the psychological impact that walking any distance or travelling from A to B outdoor may have on the person ? Please specify access issues as required.**
* **How is the health condition(s) impact of the person’s daily level of functioning in activities such as preparing food, eating and drinking, getting washed and dressed, communication with others and social activities?**
* **Risk Assessment (i.e. animals, co-habitation, access of property, challenging behaviour, whether a current smoker or not, other issues from TRAK)**:
* **Any other additional information:**

1. **Please highlight any specific requirements under topic headings below:**

[ ] Benefits

[ ] Community Care

[ ] Housing Advice

[ ] Transport and Travel

[ ] Employment

[ ] Equipment and Adaptations

[ ] Education

[ ] Leisure, social, holidays

[ ] Access issues

[ ] Personal and Health Issues

[ ]  Grants/trusts

[ ]  Post COVID Support

1. **Is the person you are referring aware that Grapevine service will be in touch?**

[ ] Yes [ ] No

**Please email the completed referral form to:** **loth.grapevine@nhslothian.scot.nhs.uk**