**Referral Form To Single Point Of Access**

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| **Date & time referral made:** | **Date & time referral received:** |
| **PATIENT DETAILS**:Name: Address:Post Code: Telephone number:Date of Birth: CHI Number: Date of discharge (hospital only): | **REFERRER’S DETAILS**:Name (inc. Ward Name): Role: Contact Telephone Number:  |
| GP SURGERY DETAILS:  |
| **NEXT OF KIN CONTACT DETAILS** | **CARERS CONTACT DETAILS** (IF APPLICABLE):  |
| **SERVICE REQUIRED** (PLEASE TICK) (if known):☐ Occupational Therapy Assessment☐ Physiotherapy Assessment☐ Long Term Care Assessment☐ Social Work Assessment☐ Equipment Assessment☐ Inpatient Request☐ Package of Care Request☐ Other | Can the patient be contacted directly? ☐**YES** ☐**NO**Does the patient have capacity to consent to referral?☐**YES** ☐**NO** |
| **LEVEL OF URGENCY REQUESTED** (PLEASE TICK):☐ URGENT / SAME DAY☐ WITHIN 72 HOURS☐ ROUTINE☐ OTHER – SPECIFY DATE |
| **ACCESS TO PROPERTY**:Location of patient (room):Key safe number: Any known environmental risks (EXPLANATION):  |
| **REASON FOR REFERRAL**: Is there a change in baseline functioning? ☐ **YES** ☐**NO**If yes, please state change:**IS THIS PATIENT HOUSEBOUND?** ☐**YES** ☐**NO**  |
| **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 at home with care package ☐ 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/NoIf so, principle contact: |

Please return form and supporting documents to: MidlothianFlowHub@nhslothian.scot.nhs.uk Phone 07827 880014