BRACKNELL FOREST INTEGRATED INTERMEDIATE CARE SERVICES

Tel: 01344 351450 Fax: 01344 351441

REFERRAL FORM

Name: …… DoB: ……

Address: ……..

…….. Postcode…… Tel No: ……

Ethnicity: …….. Religion……..

Language / Communication needs: ……..

Next of Kin: …….. Relationship:…… Tel No: ……

G.P.: ……..…… Surgery: ……

Surgery Tel No: …… DN: ……

Consultant: ……..

Hospital: …….. Ward: …… Tel No: ……

Social Situation: Lives Alone? Yes ❒ No ❒

……

Any Care Support prior to this referral? Yes ❒ No ❒

Details: ……..…

……..

PURPOSE OF REFERRAL (Please tick all that apply):

To Prevent Hospital Admission? ❒ To Maximise Independence? ❒ To Facilitate Discharge? ❒

To Prevent Increased Care? ❒ …….. ❒

REASON FOR REFERRAL (Please give background and specify what input is requested from Intermediate Care Services i.e. rehab, end of life support, prevent hospital admission etc):

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Is client aware of this referral? Yes ❒ No ❒ Are they in agreement? Yes ❒ No ❒

Name: …… **DoB:** ……

MEDICAL INFORMATION

Current Condition: ……

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Past / relevant Medical History: ……

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Recent Fall: Yes ❒ No ❒

Date of Admission / onset:: ___/___/___ Date of Surgery, where appropriate: ___/___/___

Medication:

…… …… …… ……

…… …… …… ……

…… …… …… ……

* If referred person cannot self medicate, what is the proposed method of administration? ……

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Referred by: …… **Tel. No**: ……

Designation: …… **Date:** ……

NURSING REPORT Include psychological needs, family and social support, and ADL assessment.

Maintaining a Safe Environment:

Breathing/Cardiac Function:

Eating & Drinking:

Mobilising:

Eliminating:

Working & playing:

Communicating:

Maintaining body temperature:

Maintaining sexuality:

Personal cleansing & dressing:

Dying:

Sleep & rest:

Other referrals made, eg District Nursing ……

Name …… **Designation** ……

Contact Tel No. …… .. **Date** ……

PHYSIOTHERAPY & OCCUPATIONAL THERAPY REPORTS

Please attach Physiotherapy and Occupational Therapy Reports in hospital's own format.

EQUIPMENT REQUIRED FOR DISCHARGE Please list essential equipment required (include optimal height for client, if appropriate) :