|  |  |
| --- | --- |
| *Patient Details* | ***Admission Details*** |
|  | **Ward Name:** |
|  | **Ward Ext Number:** |
| Please use a patient label | **Admission Date:** |
|  | **Planned/Emergency (please circle)** |
|  | Likely length of stay |
| Patient Consent Obtained for Social Care referral  | **Consultant:** |
| **Need identified for (please tick boxes which apply)** | **Next of Kin/Carers details** |
| **Lives alone** |  | **Over 65** |  | Advice/information only |  |  |
| **Restart/Increase care** |  | **Adult protection issues** |  |  |
| **Mental Health needs** |  | **New care package** |  |  |
| **Night time care** |  | **Nursing Need Identified MNNA attached** |  |  |
| Any further information | Is it thought likely that the patient isSelf funding/paying for own careYES/NO/UNSURE**(please circle)** |
|  |
|  | **Estimated discharge date** |
|  |  |
|  |  |
| ETHNICITY |
| White |  | Asian or Asian British |  | Other Ethnic Groups |  |
| British | [ ]  | Indian | [ ]  | Chinese | [ ]  |
| Irish | [ ]  | Pakistani | [ ]  | Any other Ethnic group | [ ]  |
| Any other White background | [ ]  | Bangladeshi | [ ]  |  |  |
|  |  | Any other Asian background | [ ]  | Not Stated | [ ]  |
| Mixed |  |  |  |  |  |
| White & Black Caribbean | [ ]  | Black or Black British |  |  |  |
| White & African | [ ]  | Caribbean | [ ]  |  |  |
| White & Asian | [ ]  | African | [ ]  |  |  |
| Any other mixed background | [ ]  | Any other Black background | [ ]  |  |  |
| **Date referral completed** | **Date faxed to Hospital Disharge Team** |
|  |  |
| **Signature of Medical Professional** | **Please print name** |
|  |  |
| **FOR WARD USE ONLY** |
| **When did Social Service make contact regarding this referral \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **CHC Checklist is needed not and a copy sent to the Hospital Discharge Team on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |