**Date of Referral:**

**CLIENT:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Home Address** |  | **NHS Number****Mandatory** |  |
| **Date of Birth** |  |
| **Postcode** |  | **Ethnic Origin** |  |
| **Phone** |  | **Mobile** |  |
| **GP and Tel** |  | **Verbal Consent**  | YES / NO |

**Next of Kin / Emergency Contact Other Keyholder**

|  |  |  |  |
| --- | --- | --- | --- |
| Name/Relationship |  | Name/Relationship |  |
| Telephone |  | Telephone |  |
| Address: |  | Address: |  |
| Keyholder | Yes No | Keyholder | Yes NO |

**Communication needs of client** First Language

Do you require information in a different format? YES NO (please circle)

 (e.g. large print, braille, easy read or via email) Details:

Visual Impairment:

Hearing Impairment:

|  |  |  |  |
| --- | --- | --- | --- |
| Referred By |  | Phone / Bleep |  |
| Location/ward |  | Date of Admission |  |
| Reason for Admission |  |
| Relevant Medical History |  |
| Relevant Additional Information |  |

|  |
| --- |
| Level of Mobility at discharge including any mobility aids used? |
|  |

|  |
| --- |
| Support at Home prior to Admission? (*including previous package of care*)  |
|  |

|  |
| --- |
| What support will be in place on discharge? (*e.g. Home First, Social Care, Family)* |
|  |

|  |
| --- |
| **Current Involvement with Community Teams? (e.g. Social Worker, Mental Health, Specialist Nursing)** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Accommodation** | Type: |  | Accessibility: |  |
| Private / Rented / Sheltered / Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Keysafe: YES / NO | Code: | **Do you have a Key? YES / NO** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Discharge Date** |  | Discharge time from |  |
| **Transport required?** |  YES / NO | Collection Location |  |

|  |
| --- |
| **Requesting help with:** |
| **PLEASE NOTE: If the support worker is shopping without the client, CASH will be required**Does the client have cash available? YES / NO |