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| cid:image003.png@01D6082D.C3917A50 |  | Nottingham Heathcare NHS Trust is the largest mental health treatment provider in Europe operating at over 100 sites, employing over 6,500 people. |
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|  |  **Specialist Falls Service Referrals** |
| The Specialist Falls Service provides **non-urgent** assessment for complex patients at risk of recurrent falls, who are registered with a BNSSG GP and who have already been screened for any acute medical problems.Patients are seen at home or in our Sirona Specialist Falls Service Clinic. **This is Nurse / Therapist-led without a Consultant and there is no medical input.** |
| Date of Referral:  | Has the patient consented to this Referral? Yes 🞏 No 🞏 |
| Service you are referring into: Does the patient have suspected syncope, blackout or unexplained fall?Is the patient already on a community caseload Are you asking for routine falls risk assessment with Physiotherapy and OT or multidisciplinary teamReferral to Specialist Falls Service |  🞏 No 🞏 **Yes - please refer to Care of the Elderly Physician rather than the Specialist Falls Service**🞏 No 🞏 **Yes - please consider asking the Community Team currently involved to complete a falls risk assessment template**🞏 No 🞏 **Yes - please** **refer to Community Therapy or Physiotherapy outpatients; or Community Nursing if there is a nursing need** 🞏 No 🞏 Yes  |

Patient Information:

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| --- | --- |
| Patient’s Name:Address:Postcode:Contact Telephone Number:First Language: | NHS Number:Date of Birth:Next of Kin’s Name:Relationship to Patient:NoK’s Contact Details/Access: |
| Patient’s current location/address(If different from home address): | Communication or Cultural needs:Interpreter 🞏 No 🞏 Yes |

Referrer / Patient’s GP Information:

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| Referrer’s Information:  | Patient’s GP (if Referrer not GP/GP Practice): |
| Referrer’s Name:GP Practice if applicable:Address:Postcode:Contact Telephone Number:Profession: | GP Name:GP Practice:GP Telephone Number:Consultant (if applicable): |

Referral Details:

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| Has the patient already had a falls risk assessment in the last year? |  **Yes / No** |
| - **if yes** What was the outcome?  |
| Please confirm that the patient has had a Falls blood screen (Thyroid, Vit B12 and folate, liver function, bone profile, kidney, full blood count) since this episode of falls started **Yes / No** |
| Risks: | Referrals made to other agencies and other agencies involved: |
| Please provide * the reason for referral
* the patient’s / your expectations following the assessment;

any other relevant information: |
| Please provide past medical history, allergies and medications:  |
| Please send referral via email to Sirona.specialistfallsservice@nhs.net |