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| Community Services Non Urgent Referral**We aim to process all referrals within 2 working days of receipt, please ensure all starred fields are completed or the referral will be rejected**For interventions required within the next 48 hours, please Call SPA on 0300 1256789 |  |

\*Patient Information:

|  |  |
| --- | --- |
| Patient’s Title, First name and surname: Address:Postcode:Contact Telephone Number:First Language: | NHS Number:Date of Birth: Click here to enter a date.Next of Kin’s Name:Relationship to Patient:If relevant, NoK’s Contact Details/Access: |
| Patient’s current location/address(If different from home address): | Ethnic Origin, Communication or Cultural needs: |

\*Referrer Name and Organisation/Patient’s GP Information:

|  |  |
| --- | --- |
| Referrer’s Name:Organisation/ Ward: Profession: | Contact Telephone Number:Registered GP Practice: |

|  |  |
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| \*Has the patient consented to Referral?  | [ ]  Yes Patient has mental capacity and has given consent[ ]  No Patient lacks capacity to give consent, referral has been made in their best interest |
| \*Date of Referral:  | Click here to enter a date. |
| Date of last Covid Swab: | Click here to enter a date. | Result: | Negative [ ]  Positive [ ]   |
| \*Background to Referral: (Relevant medical history and treatment) |
| \*Clinical Intervention Requested: (Include clinical rational, details of tests required including all blood tests) |
| \*Urgency:  |  7 Days [ ]  2 Weeks [ ]  4 Weeks [ ]  6 Weeks [ ]  *Specific Date* [ ]   *Click here to enter a date.* |
| \*Patient’s housebound status: | [ ]  Housebound [ ]  No longer housebound [ ]  Temporarily Housebound |
| \*Access to property via:  | [ ]  Patient [ ]  Family/Carer [ ]  Key safe/Key code[ ]  Staff on site [ ]  Other, give details:*If providing a key safe or key code, please ensure you are sending from an NHS.net email address* |
| Specific feedback requested or any additional information: |

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