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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:

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| --- | --- |
| 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:

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| --- | --- |
| 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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