**Sirona Community Parkinson’s Service Referral Form**

Please note this is a Nurse/Practitioner lead service for people with a confirmed diagnosis

Email completed referral to [sirona.parkinsons@nhs.net](mailto:sirona.parkinsons@nhs.net)

Ensure all fields are completed as missing information may lead to a delay in the patient being seen/contacted.

To discuss a referral, please call the service on 0300 125 5550

Please note we are not an urgent service, and our working hours are 8.30-4.30 Monday to Friday and not Bank Holidays. Please refer to [framework-for-professionals-supporting-patients-deteriorating-with-parkinsons.pdf (stpetershospice.org)](https://www.stpetershospice.org/media/py5dkmwf/framework-for-professionals-supporting-patients-deteriorating-with-parkinsons.pdf) for further support.

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| --- | --- | --- |
| Name: | DOB: | NHS No: |
| Address:  Contact number | NOK/LPA contact details:  Relationship to patient:  Consent given to contact NOK/LPA: | |
| Is the person known to the Community Parkinson’s Service? Y/N | | |
| Has the person given consent for the referral? Y/N | | |
| Can the person attend clinic? Y/N | | |
| If not, is there any risk to seeing them at home? Y/N | | |
| GP:  Surgery:  Contact number:  Email: | Consultant:  Hospital: | |
| Cultural/religious/practical needs to be considered: | First Language:  Interpreter required? Y/N | |
| **Diagnosis:**  **Reason for Referral:**  **Current Medication:**  Parkinson’s:    Other:  **Relevant Past medical History:** | | |
| **Deteriorating condition**:  Has the person suddenly deteriorated? Y/N  Please refer to [framework-for-professionals-supporting-patients-deteriorating-with-parkinsons.pdf (stpetershospice.org)](https://www.stpetershospice.org/media/py5dkmwf/framework-for-professionals-supporting-patients-deteriorating-with-parkinsons.pdf) for further support regarding management prior to referring to the Parkinson’s Service | | |
| If yes, have they been screened for infection? Yes Result:  No Please screen | | |
| Are they hallucinating? Y/N  Is this a new problem? Y/ N  Have they increased in frequency or severity? Y/N | | |
| Are they falling Y/N  Is this a new problem? Y/N  Have falls increased? Y/N  Consider referring to Physiotherapy for an urgent assessment | | |
| Do they have a problem with their swallow? Y/N  Is this new/worsened? Y/N  Have they been referred to SLT? Y/N  If No, please refer for an urgent swallowing assessment  Can they take their medication orally? Y/N  If no refer to the [management-of-community-based-parkinsons-patients-unable-to-swallow-med\_v1.pdf (icb.nhs.uk)](https://remedy.bnssg.icb.nhs.uk/media/5765/management-of-community-based-parkinsons-patients-unable-to-swallow-med_v1.pdf) for advice on switching to a transdermal Rotigotine patch, and contact the service for further advice/support if required. | | |
| **Other Services involved:** | | |
| **Referrer Details:** | | |
| Name: | Designation: | |
| Contact Number:  Email: | | |