



registered charity no. 515095

### IN-PATIENT CARE REFERRAL

**Note:** This is a referral only. Any decision to admit/ not admit can only be made following a full discussion between medical/ nursing staff.

Referral taken by: ..... Date.....

Referred by: ..... Tel. No. ....

Have you seen the patient in the last 24hours? Yes / No

Date and time of last review.....

**Patient's Details:**

Name ..... DOB:.....

Address.....

Post Code ..... Tel. No.....

Religion..... Where is patient today? .....

Expected date of discharge (if in Hospital).....

NOK..... Address.....

..... Relationship..... Tel. No.....

Consultant / Hospital ..... GP.....

GPs Address..... Tel. no.....

Diagnosis.....

Is patient aware of diagnosis? Yes / No      Are family aware of diagnosis? Yes / No

Is patient aware of referral? Yes / No      Are family aware of referral? Yes / No

**Key Worker:** ..... Tel. No.....

Other teams involved: -

District Nurse ..... Tel. No.....

Macmillan Nurse..... Tel. No.....

Other .....

Social / Home circumstances .....

**Reason for referral**.....

How soon is service required?.....

Present Medication .....

Recent History clinical issues .....

Any current / previous infections i.e. MRSA, C.Diff. ....

**Advanced Statement in place?**.....

**If not, reasons**.....

Decision following discussion:	Admit	Not Admit
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