**AGE UK HOSPITAL TEAM REFERRAL FORM**

**Return by fax: 0872 110 8450**

**If you have an NHS.net email address, return securely by email to: ageuknorthtyneside@nhs.net**

**Return by post:** Age UK Hospital Team, Age UK North Tyneside, Bradbury Centre, 13 Saville Street West, North Shields, Tyne and Wear, NE29 6QP

|  |  |
| --- | --- |
| **Patient Name:** | **DOB:** |
| **Mr / Mrs / Miss / Ms** |

|  |  |
| --- | --- |
| **Address:****Postcode:** | **Date of Discharge:** |
| **Planned or Actual?** |

|  |  |
| --- | --- |
| **Contact no.:** |  **Ward no.:** |
| **Mobile no.:** |
| **GP name:** | **GP surgery:** |

|  |  |
| --- | --- |
| **Next of Kin name:** | **NOK relationship:** |
| **NOK Address:** | **NOK telephone No:** |

|  |
| --- |
| **Does the person live alone? YES NO** |

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| --- |
| **Reason for admission/key health conditions:** |

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| --- |
| **Other services in place/other information:** |

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| --- |
| **Referral Made by:** |
| **Referrer job title (if Health/Social Care professional):** |
| **Contact number for referrer:** |
| **Date:**  | **Time:** |

For any queries please contact **Shirley Tonge, AUK Hospital Team Coordinator** on **07813 533 344** or **Age UK** **North Tyneside** on **0191 280 8484**