A logo with text on it

Description automatically generated **Form for Referral to the Nightingale Service**

**Person must be a RESIDENT of London Borough of Richmond upon Thames, age 65+,** **living alone or with another vulnerable person**

|  |  |  |
| --- | --- | --- |
| **Name of Person** |  | |
| **Address** |  | |
| **Phone number(s)** |  | |
| **Date of Birth** |  | |
| **Gender** (M/F/Non-Binary/ Transgender/Other/ Prefer not to say) |  | |
| **Religious Group** |  | |
| **Ethnicity** |  | |
| **Marital Status** |  | |
| **Sexual Orientation** |  | |
| **Other people in household** |  | |
| **Is this person a carer for someone else?** |  | |
| **Does this person have an unpaid carer?** |  | |
| **Next of Kin details**  **Name:**  **Address:**  **Telephone:**  **Email:** |  | |
| **Referrer’s details**  **Name:**  **Role:**  **Hospital/ward/team:**  **Contact number/bleep:**  **Email address:** |  | |
| **Date and reason for admission to hospital** |  | |
| **Hospital admitted to/or current location if not in hospital** |  | |
| **Reason for referral** **(eg shopping, key safe, micro-environment set up, other support)**  Please ensure the client has funds to pay for shopping by cash or card. |  | |
| **Estimated Discharge Date/urgency of referral** |  | |
| **GP name and GP Practice** |  | |
| **NHS number** |  | |
| **CRN/ Mosaic Number** |  | |
| **Health conditions**  **Including:**  **Cognition**  **Mobility**  **Sensory impairments**  **MRSA +** |  | |
| **Any relevant risk factors to be aware of**  **Including:**  **Current infections**  **Isolation periods**  **Environmental factors**  **Behavioural factors** |  | |
| **Package of care details**  **Provider:**  **Contact details:** |  | |
| **Any other important contacts**  **Warden**  **Key-holders**  **Neighbours**  **Any informal support?** |  | |
| **If access to the property is needed, who or how can access be given** (access not required for key safe installations) |  | |
| **Date of consent / referral** | **Consent:** | **Referral:** |

**Key Safe Referrals**

If you are making a referral for a key safe to be installed please provide the following property information, if known. Please note that we need the permission of both the person and the owner of the property (management company or freehold owner if relevant) to fit the key safe.

|  |  |  |
| --- | --- | --- |
| **Owner occupied**  **☐Yes**  **☐No** | **Private landlord**  **Permission given:**  **☐Yes**  **☐No** | **Housing Association**  **Name:**  **Contact numbers:**  **Permission given:**  **☐Yes**  **☐No** |
| **Parking:**  **Off street:**  **Resident parking:** | | |
| **Preferred location of key safe (eg in the porch to the left of the front door)** | | |
| **Has client chosen a key safe number?**  *(5 digit number with no repetitions and no more than 2 consecutive numbers or 4 digit number with A or B at beginning or end)*  **Yes No**    **Code:**  **This section MUST be completed.**  **It is important that the key safe code is stored on our secure database system. PLEASE NOTE there is a charge to fit a new key safe if the original code is forgotten.**  **Please confirm consent for code to be stored.**  **Yes Yes No** | | |
|  | | |

**Main telephone contact**: 020 8876 2449

**Please send this completed form to**:

**By email**: [nightingale@ageukrichmond.org.uk](mailto:nightingale@ageukrichmond.org.uk)

**By Post**: Age UK Richmond upon Thames, Nightingale Service, The White House, 45 The Avenue, Hampton TW12 3RN