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**Care Navigation Referral Form**

The Care Navigation Service offers tailored supported signposting to individuals aged 50+ in East Staffordshire.  Helping individuals to live more independent, healthy and fulfilling lives.

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| **DETAILS OF CLIENT** | | | |
| **Name** |  | | |
| **Gender** | **🞎 Male**  **🞎 Female** | **Date of Birth** |  |
| **NHS number** |  |
| **Home address** | **Postcode:** | | |
| **Telephone** |  | | |
| **Ethnicity** |  | | |
| **If receiving any care, please specify** |  | | |
| **Emergency contact for relative/carer** |  | | |

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| **REFERRER DETAILS** | | | | | |
| **Name** |  | | **Job Title** | |  |
| **Address** | **Postcode:** | | | | |
| **Telephone** |  | **Email** | |  | |

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| **NAME, ADDRESS & CONTACT DETAILS OF OTHER SUPPORT/CARE PROVIDER** | |
| **GP Practice** |  |
| **COMMUNITY MATRON/DISTRICT NURSE** |  |
| **SOCIAL WORKER** |  |
| **CARE PROVIDER** |  |
| **UNPAID CARERS** |  |

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| **REFERRAL REASONS** | | |
| **Has the client given consent for the referral?** |  | |
| **Primary reason for referral** |  | |
| **Any recent major life changes** |  | |
| **MEDICAL DETAILS OF CLIENT (if known)** | | |
| **Please provide a brief overview of the client’s relevant medical history (inc. known allergies), medication and any impairment (visual, hearing or mobility).** | | |
| **GENERAL INFORMATION** | | |
| **If an interpreter is required, what languages are spoken and preferred?** | |  |
| **Has their been any concerns regarding mental capacity and ability to make informed decisions?** | |  |
| **Other relevant comments** | |  |
| **Any additional risks to professionals?**  **🞎 Pets 🞎 Home Environment 🞎 Two person visit required 🞎 Access (Key Safe)**  **🞎 Violence & Aggression 🞎 Other** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**Does the individual have: Care Plan Yes 🞎 No 🞎 Enclosed 🞎**

**Risk Assessment Yes 🞎 No 🞎 Enclosed 🞎**

**Please return completed referral form to:**

**Email:** [vcl.eaststaffsccc@nhs.net](mailto:vcl.eaststaffsccc@nhs.net)

**Phone:** 0300 323 0930

**Date of Referral: Date Entered on Database:**

|  |  |
| --- | --- |
|  | Age UK South Staffordshire will only use the information provided for the Virgin Care Improving Lives Scheme. We will not disclose any information that identifies you to anyone outside of the organisation without your express permission, unless there are exceptional circumstances such as when there is serious risk of harm to yourself or others or where the law requires it. |