**Integrated Care Centre – Frailty Support Team (ICC-FST)**

**Care Home/Nursing Home Resident – Comprehensive Geriatric Assessment Referral Form**

**\*Please Note: Incomplete forms will be returned, resulting on delayed assessment\***

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Referrer: | | | | | | Date of Referral: | | | | | | |
| Job Title: | | | | | | | | | | | | |
| Address & contact number/email of referrer: | | | | | | | | | | | | |
| **PATIENT DETAILS** | | | | | | | | | | | | |
| Registered GP: | | | | | | GP Practice Address: | | | | | | |
| Title: | Forename: | | | | | Surname: | | | Known as: | | | |
| Date of Birth: | | | | | | NHS Number: | | | | | | |
| Gender: | | | | | | Ethnicity: | | | | | | |
| Religion: | | | | | | |
| Address: | | | | | | | | | | | | |
| Patient home number: | | | | | | Patient mobile number: | | | | | | |
| Preferred contact number: Home  Mobile | | | | | | Email address: | | | | | | |
| Lives alone/carers/nursing home/  residential home: | | | | | | Next of Kin/Carer/Emergency contact: | | | | | | |
| Consent to contact via SMS | | | | | | Yes | | No | | | | |
| Consent to contact via Email | | | | | | Yes | | No | | | | |
| Consent to share medical information: | | | | | | Yes | | No | | | | |
| Translator required: | | Yes | | | | No | | Language required\*: | | | | |
| Chaperone required: | | Yes | | | | | | No | | | | |
| Accessible information needs: | | Yes | | | | No | | Detail needs: | | | | |
| Diagnosis: | | Client aware of diagnosis? | | | | Yes | | No | | | | |
| Are there any other services involved in patient’s care | | Yes | | | | No | | Don’t know | | | **(If yes give details)** | |
| **SUPPORTING INFORMATION** | | | | | | | | | | | | |
| Is there a Lone working risk? | | | | | Yes | | No | | | | | |
| Is there a Safeguarding risk? | | | | | Yes | | No | | | | | |
| Has the patient given consent for the referral? | | | | | Yes | | No | | | | | |
| Any concerns re Mental Capacity? | | | | | Yes | | No | | | | | |
| **ReSPECT** document in place? | | | Yes | | No | | | **(If yes give details)** | | | | |
| Smoking: | | | Yes | | No | | | Don’t know | | | | |
| **REFERRAL DETAILS** | | | | | | | | | | | | |
| **Please complete details of referral criteria: -** | | | | | | | | | | | | |
| **New resident within previous 7 days** | | | | Yes | | | No  **(If no please complete next section)** | | | | | |
| Patient identified with one or more of the following complexities and requiring specialist input: -  **(Please tick as applicable).** | | | | | | | | | | | | |
| Behavioural issues requiring MDT approach, including those  being referred for 1:1 care within the home | | | | | | | | | | Yes | | No |
| Multiple falls despite Falls team intervention | | | | | | | | | | Yes | | No |
| 3 or more ED attends or admissions in past 3 months | | | | | | | | | | Yes | | No |
| 2 or more analgesics (not including paracetamol) | | | | | | | | | | Yes | | No |
| Complex feeding issues or support for decision making | | | | | | | | | | Yes | | No |
| Second opinion for complex advanced care planning | | | | | | | | | | Yes | | No |
| Second opinion for diagnostic uncertainty | | | | | | | | | | Yes | | No |
| **Referral criteria:**  The service will provide MDT face to face assessment within the care home setting for   * Any individual resident identified with complexities requiring specialist input (see below referral criteria) * All residents permanently new to care homes within previous 7 days regardless of clinical presentation | | | | | | | | | | | | |
| **Eligibility criteria:**  Patients MUST be registered with a either a GP or East Riding GP  Living in residential/nursing care  Electronic record sharing will need to be in place at the time of referral  **Where urgent advice/support is required please contact the ICC-FST on 01482 450078 (Mon-Fri 8am-6pm) to speak to either a consultant or GPwER in Frailty** | | | | | | | | | | | | |

\* **Please note it is CHCP Policy that a family member or friend cannot be used for translation purposes\***