**Hospital & Community Navigation Service Referral Form**

 **Please save and e-mail this form to:**

 **Community Based Referral:** hertshelp@nhs.net or Fax 0300 4562365 or Call 0300 123 4044

 **Hospital Based Referral – East & North Herts:** eastandnorth@herts.help or call 01438 285300 / 01992 585955

 **Hospital Based Referral – Herts Valleys:** west@herts.help or wherts-tr.hertshelpidt@nhs.net

 **Or** call 01923 436649 / 01992 585972

 **Has Service user given their consent for this referral to be made Yes/No**

 **Referral Type: (*circle/delete)* A&E GP Hospital Community**

 **Referrer Details**

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| --- | --- |
| **Date of Referral:**  | **Email:** |
| **Name of Referrer:**  | **Position/Title:** |
| **Name of Organisation:**  | **Contact number:**  |
| **Name of Hospital *(If applicable*):**  | **Ward:** |
| **Reason for admission:** | **Date of Discharge:** |

 **Service User (S/U) Information**

|  |  |
| --- | --- |
| **Name:**  | **NHS Number:**  |
| **Gender:**  | **Date of Birth:**  |
| **Disability:**  | **Ethnicity:**  |
| **Communication Needs:**  | **Religion:**  |
| **Address:** **Telephone:**  |
| **Next of Kin:** **Telephone No:** | **Relationship:**  |
| **GP:** **GP Telephone:**  | **GP Address:**  |
| **Does the S/U live alone?**  | **Yes** | **No** | **Details:**  |
| **Is this person a Carer?** | **Yes** | **No** | **Details:** |
| **Relevant Medical History:** |  |
| **Other agencies involved**:  **PTO** |

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| **Any known Risk Factors – *Please Answer Yes or No*** |
| **Can Service user be visited alone?** | **Yes/No** | **Dogs/Pets** | **Yes/No** |
| **Drug or Alcohol Dependency?**  | **Yes/No** | **Smoker** | **Yes/No** |
| **Offending/Aggressive Behaviour?** | **Yes/No** |  |  |
| **Other details:** |
| **Reason for referral** **Form Completed By: Feedback to Referrer required Yes/No** |