**Hospital & Community Navigation Service Referral Form**

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

**Hospital or Community Based Referral – Herts Valleys:** [west@herts.help](mailto:west@herts.help%20%20 )

**Hospital or Community Based Referral – East & North Herts:** [eastandnorth@herts.help](mailto:eastandnorth@herts.help)

**If you have an urgent query about a referral that requires a same day response call: 0300 3031547. For all other enquiries and updates please use the above email addresses.**

|  |  |
| --- | --- |
| **Has the person given their consent for this referral to be made?** | **Yes / No** |

**Referrer Details:**

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

## **Information about the Person being referred:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:**  **Title: (Mrs/Mr/Ms/Miss)** | | | **NHS Number:** |
| **Gender:** | | | **Date of Birth:** |
| **Disability:** | | | **Ethnicity:** |
| **Communication Needs:** | | | **Religion:** |
| **Address:**  **Telephone:** | | | |
| **Next of Kin:**  **Telephone No:** | | | **Relationship:** |
| **GP Surgery:**  **GP Telephone:** | | | **GP Address:** |
| **Does the person live alone?** | **Yes** | **No** | **Details:** |
| **Is this person a carer?** | **Yes** | **No** | **Details:** |
| **Is this person a veteran?** | **Yes** | **No** | **Details:** |
| **Relevant Medical History:** |  | | |
| **Other agencies involved**: | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Any known Risk Factors – *Please Answer Yes or No and provide details*** | | | | |
|  | **Yes** | **No** | **Details** | |
| **Can the person be visited alone?** |  |  |  | |
| **Does the person live alone?** |  |  |  | |
| **Drug or alcohol dependency?** |  |  |  | |
| **Offending/aggressive behaviour?** |  |  |  | |
| **Any pets in the home?** |  |  |  | |
| **Is this person a smoker?** |  |  |  | |
| **Other details:** | | | | |
| **Would you like to receive feedback about this person?** | | | | **Yes / No** |
| **Reason for referral & required outcome:**  **Form Completed By:** | | | | |