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| **Patient Name:****Date of birth****NHS No:**Status:**Likes to be known as:** | **Address:****Post Code:****Telephone/Mobile No:****Email:** | **Referrer:****Date:****Reason for referral:****Has patient consented to the referral- Y/ N****Interpreter required: Y/N** |
| **Diagnosis:****Stage:****PMH:****Allergies:** | **Current treatments/appointments:****Known infection: Y/N** | **Self-Caring: Yes/No****Physical Activity:****Package of Care in place - Y/N****Fast track applied for - Y/N** |
| **uDNACPR/Respect: Yes/ No /in progress** (please delete as needed) **Date:****Anticipatory Medication: Y/N** | **Preferred place of care for patient**: | **Preferred place of care for carer:** |
| **Patient insight of diagnosis:****NOK insight of diagnosis:****Any unresolved issues?** | **Home Situation:****Any risks to staff safety?** | **Background support Y/N Counselling Y/N****Personal Care Y/N OOH ‘on call’ Y/N****Night/Sitting Service Y/N Volunteer Visitor Y/N** |
| **Next of Kin/Main Carer:****Relationship:** | **Address:****Tel No:****Email:** | **Lasting Power of Attorney in place: Y/N****Finance [ ] Health & Welfare [ ]****Name of individual with LPA:** |
| **GP:****Address:****Practice Telephone No:** | **Community Nurse Team:****Office Telephone No:** | **CNS:****Office Contact No.****Other HCPs involved:** |
| **TRF Office use****Date of Assessment: Signed:** | **TRF Named Nurse:** | **TRF ID :** |

**Please Indicate Response Time: URGENT [ ] WITHIN 24 HRS [ ] WITHIN 7 DAYS [ ] INTRODUCTION OF SERVICE [ ]**

**Please email to:** **care.peterfield.therosemaryfoundatiovn7v3@nhs.net** **OFFICE ADMINISTRATION: 01730 266329 24/7 ON CALL CLINICAL TEAM: 01730 269996**