|  |  |  |
| --- | --- | --- |
| **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**](mailto:care.peterfield.therosemaryfoundatiovn7v3@nhs.net) **OFFICE ADMINISTRATION: 01730 266329 24/7 ON CALL CLINICAL TEAM: 01730 269996**