HALTON INTERMEDIATE CARE & FRAILTY SERVICE REFERRAL FORM

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**Forms must be fully completed. Incomplete forms will be returned and may delay a patient’s referral**

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| **PATIENT DETAILS** | | | | | | | | | | | | |
| **SURNAME** |  | | | | **TITLE** | |  | | **ETHNICITY** | | |  |
| **FORENAMES** |  | | | | **GENDER** | |  | | **RELIGION** | | |  |
| **D.O.B.** |  | | | | **NHS NO.** | |  | | | | | |
| **USUAL ADDRESS** |  | | | | | | | | **POSTCODE** | | |  |
| **TELEPHONE NO.** | | |  |
| **CURRENT ADDRESS (if different from above)** |  | | | | | | | | **POSTCODE** | | |  |
| **TELEPHONE NO.** | | |  |
| **LIVES ALONE** | **YES  NO** | | | | **IF NO, WITH WHOM, (FAMILY, PETS, CARER, CAREHOME etc.)** | | | |  | | | |
| **IS THE PATIENT ABLE TO ANSWER THE DOOR?** | | | | | **YES  NO** | | | **IF NO WHO WILL ENABLE ACCESS, PLEASE GIVE DETAILS** | |  | | |
| **IS KEY SAFE CODE REQUIRED?** | | **YES  NO** | | **IS THE PROPERTY HOUSING ASSOCIATION?** | | | | | **YES  NO** | | | |
| **KEY SAFE NUMBER** | |  | | **Name of Association** | | | | |  | | | |
| **CONSENT FOR REFERRAL GIVEN** | | | **YES  NO** | | | **CONSENT TO SHARE INFORMATION GIVEN** | | | | | **YES  NO** | |

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| **GP NAME** |  | **GP PRACTICE** |  | | | |
| **GP ADDRESS** |  | **GP TEL NO.** |  | | | |
| **NEXT OF KIN** |  | **RELATIONSHIP** |  | **MAIN CARER** | | **YES  NO** |
| **NOK ADDRESS** |  | **NOK TEL NO.** |  | **MOBILE** | |  |
| **CARER (If NOK is not main carer)** |  | **RELATIONSHIP** |  | | | |
| **CARER TEL NO.** |  | **IS THE PRESENCE OF NOK/CARER REQ AT HOME VISIT?** | | | **YES  NO** | |
| **ARE THERE ANY KNOWN RISKS TO LONE WORKERS?**  **(PLEASE INCLUDE ANY PET INFORMATION)** | | **YES  NO  (If yes, please give details below)** | | | | |
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| **SOCIAL CARE DETAILS** | | | | | | | | | | |
| **DOES THE PATIENT HAVE A SOCIAL WORKER** | | | | | | **YES  NO** | | | | |
| **SOCIAL WORKER NAME** | |  | | | | | **SOCIAL WORKER TEL NO.** | |  | |
| **DOES PATIENT HAVE A PACKAGE OF CARE?** | | | **YES  NO** | | | **HAS THE PATIENT PREVIOUSLY HAD A PACKAGE OF CARE** | | | | **YES  NO** |
| **IS CARE PROVIDED BY** | | **SOCIAL SERVICE Local Authority  DIRECT PAYMENT  PRIVATELY FUNDED  UNKNOWN** | | | | | | | | |
| **ARE THERE ANY KNOWN SAFEGUARDING ISSUES?**  **(PLEASE INCLUDE DETAILS SURROUNDING MENTAL CAPACITY AND BEST INTERESTS)** | | | | **YES  NO**  **(IF YES PLEASE PROVIDE DETAILS)** | | | |  | | |
| **OBS / REASON FOR REFERRAL / PRESENTING PROBLEMS / DIAGNOSIS** | | | | | | | | | | |
| **TEMP: PULSE: RESP: BP: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_ STANDING BP: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_ LYING SaO2: (ROOM AIR/ON O2)** | | | | | | | | | | |
| **RESPONSE TIME RECOMMENDED** | | | | | **URGENT 2 HOUR RESPONSE  ROUTINE 72 HOUR RESPONSE** | | | | | |
| **MEDICAL HISTORY (INCLUDING LONG TERM CONDITIONS, FALLS, MENTAL HEALTH HISTORY, HOSPITAL ADMISSIONS**  **(PLEASE ALSO INCLUDE A SHORT DESCRIPTION OF PATIENTS MOBIITY INCLUDING ANY AIDS ALREADY IN USE)** | | | | | | | | | | |
| **PERSON REFERRING** |  | | | | **JOB TITLE** | | |  | | |
| **DEPARTMENT/SERVICE** |  | | | | **ADDRESS** | | |  | | |
| **TEL NO.** |  | | | | **EMAIL** | | |  | | |
| **SIGNATURE** |  | | | | **DATE** | | |  | | |

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| **ROCKWOOD CLINICAL FRAILTY SCORE**  **(PLEASE BE AWARE THAT A FRAILTY SCORE OF 1-4 WILL BE TRIAGED BUT IS LIKELY TO BE REJECTED AS AN INNAPROPRIATE REFERRAL)** | | | | | |
| **1** | **VERY FIT** – People who are robust, active, energetic and motivated. These people commonly exercise and are among the fittest people for their age. | | | |  |
| **2** | **WELL** – People who have had no active disease symptoms but are less fit than category 1. Often they exercise or are very active occasionally, e.g. seasonally. | | | |  |
| **3** | **MANAGING WELL** – People whose medical problems are well controlled but are not regularly active beyond routine walking. | | | |  |
| **4** | **VULNERABLE** – While not dependant on others for daily help, often symptoms limit activities. A common complaint is being “slowed” up, and/or being tired during the day. | | | |  |
| **5** | **MILDLY FRAIL** – These people often have more evident slowing and need help in high order IADLs, finances, transportation, heavy housework, medications). Typically; mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework. | | | |  |
| **6** | **MODERATELY FRAIL** – People need help with all outside activities and with keeping house. Inside they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing. | | | |  |
| **7** | **SEVERELY FRAIL** – Completely dependent for personal care, from whatever cause (physical or cognitive) even so, they seem stable and not at risk of dying (within 6 months) | | | |  |
| **8** | **VERY SEVERELY FRAIL** – Completely dependent approaching end of life, typically they could not recover even from a minor illness. | | | |  |
| **9** | **TERMINALLY ILL** – Approaching the end of life, this category applies to people with a life expectance < 6 months who are not otherwise evidently frail. | | | |  |
| **IS PATIENT KNOWN TO HAVE DEMENTIA?** If yes please tick appropriate level | | **MILD** Forgetting details of a recent event, though still remembering the event itself, repeating the same question/story and social, withdrawal | **MODERATE** Recent memory is very impaired, even though they seemingly can remember their past life events. They can do personal care with prompting. | **SEVERE** They cannot do personal care without help | |