*\*\* CCC please note - This is to be processed to Osteoporosis Systm1 Unit\*\**

**Falls Prevention Co-ordinator Referral Form**

**All Fields Are Mandatory.** Incomplete forms will be returned.

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Details** | | | |
| Name: | | Address:    Postcode: | |
| D.O.B: | |
| NHS No: | | Telephone: | |
| Does this person live alone: Yes  No  Details:  Is the person aware of the referral:  Yes  No | | Next of kin details if appropriate  Name:  Relationship:  Tel / Mobile:  Are they aware of the referral: Yes  No  Alternative contact: | |
| Falls History:  Reason for Referral: Falls Risk  Assessment  Medical History:  Medication:  Fragility Fracture History: | | | |
| **Lying and Standing Blood Pressure** | | | |
| Lying:  Standing – 1 min:  Standing - 3 mins: | | | |
| **Assessments Completed** |  | | |
| **(For ESNEFT Community Healthcare Teams only).**  Has initial falls assessment been completed?  Yes  No | **(For all other Organisations.** eg Care homes, Social care, etc**)**  Has the patient been reviewed by the:   1. Community Healthcare TeamYes  No 2. GP Yes  No | | |
| **Other Services Involved** | | | |
| Are there any other services involved with the care of this patient? E.g. District Nurse, Practice Nurses, Community Matron, Social worker, etc.  Contact Details: | | | |
| Have you referred the person to any other service? If yes, list them and include date of referral. | | | |
| **Other Useful Information** | | | |
| I.e. home situation, family support, able to get up from the floor independently, mobility aids in situ, personal alarm. | | | |
| **Referral Urgency (Please tick one box)** | | | |
| GREEN - 1 week  GREEN – Non Urgent (over a week) | | | |
| Date of referral:  Team/Department: | | | Referrers Name:  Designation:  Phone/Mobile:  Email: |

**Please return this form to the Care Co-ordination Centre.**

**Email:** suffolkcommunityhealthcare.referrals@nhs.net

**Post:** Care Co-ordination Centre, East Suffolk and North Essex NHS Foundation Trust, 86 Sandy Hill Lane, Ipswich, IP3 0NA

**Telephone:** 0300 123 2425