GSTT District Nursing Services

Referral Form

Please give as much information as possible. This will help us to process your referral quickly and appropriately.

**NHS No Full Name:**

**Gender: D.O.B. Religion:**

**Is the patient housebound? Yes/No**

**Patient/Client Address:**

**Landline: Mobile:**

Ethnicity:

GP Surgery:

Parent /Carer /Advocate /Next of Kin:

Contact Details (if different from above):

Is an interpreter required: **Yes/No** If yes, which language?

If patient is currently in hospital, what is the anticipated discharge date?

Any infections that pose a risk to others? (E.g. current or previous MRSA, Colstridium difficile): **Yes/No**

Current Medication (attach list if available):

Does the patient have any specialist equipment / aids? **Yes/No**

Are there any safeguarding issues? **Yes/No**

**Reason for Referral:**

Is this referral: **Routine/ Urgent** If urgent please explain the urgency:

Please specify a date for initial visit (if applicable):

Relevant Medical Information Including Diagnosis

Any relevant history (e.g. family history /provide medical and mental health):

Relevant Social History:

Other Professionals Involved:

Details of any specific management plans already in place (attach copy if appropriate):

Has this referral been discussed and agreed with the Patient/Client or Carer? **Yes/No**

Name of Referrer: Designation:

 Tel:

Signed: ………………………………………………….. Date:

If form is emailed only date of referral is required

Referrals are processed each day Monday to Friday. Referrals received after 4.30pm or over the weekend (including bank holidays) will not be processed until the next working day. If you need a patient to be seen the same evening, or at the weekend, (including bank holidays) please telephone the following number:

Lambeth patients: 0203 228 6000

Southwark patients: 0207 403 7771

Now save this form and email, together with any relevant reports or letters to:

**gst-tr.DNreferrals@nhs.net**

**If you need to speak with someone in the DN single point of access, please call 0203 049 4020**