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| **Patient Name:**  | **NHS Number:** | **DoB:** |
| **Address**  | **Telephone No:**  | **Ethnicity:**  |
| **Carer/NOK Name:**  | **Carer/ NOK Contact Details:** | **Does the patient require an Interpreter? Yes/No****If yes, which language:** |
| **GP Details: GP Telephone No:****GP Practice:** |
| **Has the patient consented to referral/treatment? Yes/No** **Has the patient consented for service to access information relevant to this referral? Yes/No**  |
| **Has consent been given to talk to anyone directly involved in your care? the patient’s carer/relatives in relation to the care? Yes/No** |
| **Neurological Diagnosis (including any relevant medical history and dates):****Is the patient aware of their diagnosis? Yes/No** |
| **Which LTNC Service do you feel is required? Please see info** **Neuro Case Management NES SCBIRT**  |
| **Are there any services already involved with this patient, If so please provide relevant details:** |
| **Name** | **Profession** | **Location** | **Contact Number** |
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| **Reason for Referral (including presenting problem/s and patient aim(s) ):** |
| **Is there evidence that the person is having difficulties relating to:**  **Falls Dysphagia please give brief details for falls/dysphagia Following a minor head injury****Is this the reason for referral?****Note to RPU - If YES complete questionnaires at Referral / Triage** |
| **Medication:** **Relevant Investigations / Scan Results:** |
| **Social Situation:** |
| **As per SHSC guidelines, it would be helpful if you could complete the information below in order for us to proceed with the referral efficiently. Thank you.** |
| **RISK OF HARM TO OTHERS?** (Consider severity, likelihood, imminence)* Previous known history
* Poor impulse control
* Recurrence of past risk circumstances
* Threats to harm others
* Any known police or court involvement
* Use or access to weapons
 | * **Risk to others**
* **No risk to others**
* **Risk not ascertained**–

If ‘YES’, please describe the identified risk and describe the safety plan. |
| **RISK OF HARM TO SELF? (Consider severity, likelihood, imminence)*** Continuing risk
* Previous attempts
* History of attempts of suicide
* Continuing suicidal intent
* Use or access to weapons
 |  **❑ Risk to self** **❑ No risk to self** **❑ Risk not ascertained** If ‘YES’, please describe the identified risk and describe the safety plan. |
| **RISK OF SELF-NEGLECT? (Consider severity, likelihood, imminence)*** Current self-neglect (eg hygiene, appearance, surroundings, injuries)
* Previous history of self-neglect
 |  **❑ Risk to self** **❑ No risk to self** **❑ Risk not ascertained** If ‘YES’, please describe the identified risk and describe the safety plan. |
| **RISK OF EXPLOITATION OF SERVICE USER? (Consider severity, likelihood, imminence)*** **(Safeguarding adults)**Financial
* *Sexual*
* *Physical*
* *Other*
* *Previous* history of exploitation
* *Ongoing proceedings*
 |  **❑ At risk of exploitation** **❑ No risk of exploitation** **❑ Risk not ascertained** If ‘YES’, please describe the identified risk and describe the safety plan. |
| **RISK TO DEPENDANTS?** (Consider severity, likelihood, imminence)* *Ongoing proceedings (eg Safeguarding Children)*
* *Care or Safeguarding issues*
* *Previous history of risk to dependants*
* *Regular contact with children*
* *Children in household/carer/contact with children (Gender, Age, eg M, 6 yrs)*
 |  **❑ Risk to dependants** **❑ No risk to dependants** **❑ Risk not ascertained** If ‘YES’, please describe the identified risk and describe the safety plan. |
| **RISK TO CARERS? (Consider severity, likelihood, imminence)*** **Carer stress**
* **Risk from manual handling**
* **Care package/placement breakdown**
 |  **❑ Risk to carers** **❑ No risk to carers** **❑ Risk not ascertained**If ‘YES’, please describe the identified risk and describe the safety plan. |
| **Other, eg Drug/Alcohol Misuse:** |  **❑ Yes** **❑ No** **❑ Not ascertained**If ‘YES’, please describe the identified risk and describe the safety plan. |
| **Referrer:****Date completed:**  | **Designation:****Team & Base:** | **Team Telephone Number:****Mobile Number:** |