[](http://www.bromleyhealthcare.org.uk/)

**Tel. No. 020 8315 8715**

**Fax No. 0845 200 1238**

[**www.bromleyhealthcare.org.uk**](http://www.bromleyhealthcare.org.uk)

**Single Point of Entry**

**Referral Form V7**

**Please email to BROMH.bromleyhealthcarereferrals@nhs.net**

**This form contains merged data from the medical record which appears in red font or in red sections. Please delete any information which is irrelevant to this referral.**

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| **1. Patient Details** | | | | | | |
| **Title:** **Title** | **First Name:****Given Name Surname:** **Surname** | | | | | |
| **NHS Number:** **NHS Number** | | **Date of Birth:** **Date of Birth** | | | **Gender:** **Gender** | **Age:** **Age** |
| **Address:** **Home Full Address (single line)** | | | | | | |
| **Telephone: (Home)** **Patient Home Telephone (Mobile)** **Patient Mobile Telephone** | | | | | | |
| **Ethnicity:** **Ethnic Origin** | | | | | | |
| **2. Next of Kin Details** | | | | | | |
| **Title:** | **First Name:** **Surname:** | | | | | |
| **Address (If different to patient's):** | | | | | | |
| **Telephone: (Home)** **(Mobile)** | | | | | | |
| **Relationship to Patient:** | | | | | | |
| **3. Carer Details (If different to Next of Kin)** | | | | | | |
| **Title:** | **First Name:** **Surname:** | | | | | |
| **Address (If different to patient's):** | | | | | | |
| **Telephone: (Home)** **(Mobile)** | | | | | | |
| **Relationship to Patient:** | | | | | | |
| **4. Child Referrals** | | | | | | |
| **Confirm that parental consent has been obtained or that the child is Fraser competent.** | | | | | | |
| **Name of person giving consent:** **Relationship:** | | | | | | |
| **Looked after child?** | | | **On child protection plan?** | | | |
| **School or Pre-school Attended (if known):** | | | | | | |
| **5. Referral Details** | | | | | | |
| **Date of Referral**  **Short date letter merged** | **Form Completed By:** **Usual GP Full Name**  **Referring Clinician (If form completed on their behalf):** | | | | **Profession:**  **GP**  **Practice Nurse**  **Other (Please state)** | |
| **Surgery:** **Registered GP Organisation Name** | | | | **National Practice Code:** **Registered GP Organisation National Practice Code** | | |
| **Address:** **Registered GP Full Address (single line) Telephone:** **Registered GP Phone Number** | | | | | | |
| **Email: Fax:** **Registered GP Fax Number** | | | | | | |

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| **6.Reason for Referral/Diagnosis** | |
| Please indicate the patient’s current problem(s), date of diagnosis and your expectation of the result of the referral to the service required. Please provide as much detail as possible. Alternatively you may wish to attach (or insert at section 9) a letter or summary of relevant and explanatory consultations from the medical record. **For IAPT referrals, please ensure that you state presenting problems, current and previous risk and if the patient has previously accessed mental health services.** | |
| **7. Service Required (if known)** | |
| Select from adult and children’s services or voluntary sector all listed below. For patients requiring urgent intervention to avoid hospital admission please select “Medical Response Team” which has an urgent response time . All other services have a routine urgency by default. If a more urgent response from these services is needed please state this in the “Reason for referral/diagnosis” section above and give the reason for the urgency.  For further information on services and how to refer see our website **www.bromleyhealthcare.org.uk** . | |
| **ADULT SERVICES**  \* **Patients can self refer to services marked with an asterisk** | |
|  | **Medical Response Team -** Urgent intervention (service aims to respond within 2 hours) to prevent hospital admission and to provide safe care for patients in their own home for up to 10 days: Non urgent referrals emailed via Single Point of Entry are accepted between 08.00 and 19.00 and service aims to respond within 6 hours. The service is provided by Advanced Nurse Practitioners and Therapists and supported by carers. The team also includes EmDoc and Night Nursing. Urgent referrals can be directly referred via telephone on 0208 315 8723 - open 24 hours a day. Please include "URGENT" in the email subject heading when submitting this referral via SPE. |
|  | **\*Bladder and Bowel Management (Adult)** - If the patient is housebound please refer to District Nursing for continence support. |
|  | **Community Matron (Adult)** - Case management for patients with long term conditions and risk stratification assessment and care planning.  **Type:** |
|  | **\*Contraceptive and Reproductive Health (Adult)** - does not include female sterilisation.  **Type:** |
|  | **COPD Service** - Support and management for patients diagnosed with COPD.  **Type:** |
|  | **Diabetes (Adult)** - Urgent referrals must be initiated by telephoning the Diabetes Centre first on 01689 865911.  **Type 1  Type 2  Education only (DESMOND Programme)** |
|  | **Diabetes Prevention (Adult)** - This walking away programme provides an education and self management skills to patients who are living with pre-diabetes with an HbA1c of 42-47 mmol or FBG 5.5-6.9 mmol/l. Patients must **not** be diabetic and patients **should not** currently undertake 150 minutes of physical activity per week**.** |
|  | **Dietetics (Adult)** - Does not include obesity management. |
|  | **\* District Nursing (Adult)** - Not including phlebotomy – please use alternative form. |
|  | **Falls and Fracture Prevention Service (Bromley) (Adult)** - Specialist falls and fracture prevention interventions for adults of all ages who have fallen or are identified as at risk of falling.  Please include information from the Falls Risk Assessment Template at the "Additional Information" section at the end of this form. |
|  | **\* IAPT (Adult)** (Working for Wellbeing) - Cognitive Behavioural Therapy. Psychological Talking Therapies |
|  | **Medicines Assessment Support Service (MASS) (Adult)** – Assessment of patients identified by a health/social care professional as non-adherent with their medicines. The service assists patients in identifying the necessary support for unintentional non-adherence. |
|  | **Neuro-Rehabilitation (Adult)** - Community based service provided by Lewisham. |
|  | **\*Occupational Therapy (Adult)** - For short term OT interventions and rehabilitation. **If the person has a critical or substantial need as a result of a long term condition or disability, please refer them to Social Services.** |
|  | **Physiotherapy (adult domiciliary only)** - Non-domiciliary physiotherapy is only available via the MSK Pathway. For chest physiotherapy select the next option below. |
|  | **Physiotherapy (adult chest)** - Requests for chest physiotherapy have an urgent response time within 48 hours. |
|  | **\*Podiatry (Adult)** |
|  | **\*Special Care Dental (Adult)** - Treatment for those who cannot access standard dentistry, e.g. learning disabilities, phobic patients, wheelchair users & housebound. |
|  | **\*Specialist HIV Nursing (Adult)** |
|  | **\*Speech & Language Therapy (Adult)** |
|  | **\*Stop Smoking Service (Adult)** |
|  | **Tissue Viability** – This service provides assessment, advice and management for a range of problems including pressure sores, leg ulcers & other complex wounds.  **Type:** |
|  | **Wheelchair and Special Seating Assessment Service (Adult)** - Restricted to adults who have a need for a wheelchair for a long term disability (more than 6months) or who are terminally ill.  **Qualifying condition: Service requested:** |

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| **CHILDREN’S SERVICES**  **\* Patients can self refer to services marked with an asterisk** | |
|  | **\*Bladder and Bowel Management (Child)** |
|  | **Community Paediatrician** |
|  | **Dietetics (Child)** |
|  | **\*Health Visiting** - For children aged under 5 years old. |
|  | **HENRY Course** - Health, Exercise, Nutrition for the Really Young. 8 sessions for children aged less than 5 years old. |
|  | **Integrated Children’s Community Nursing Team (ICCNT)** - For children with complex medical needs including palliative care. |
|  | **Occupational Therapy (Child)** |
|  | **Orthoptics** - For children aged less than 7 years old with either a suspected squint/eye movement problem or strong immediate family history of refractive error in childhood. **Any definite/ pre-diagnosed conditions should be referred direct to Consultant Ophthalmologist, PRUH.** |
|  | **Paediatric Audiology** |
|  | **\*Physiotherapy (Child)**  **Select location:** |
|  | **\*Podiatry (Child)** |
|  | **\*School Nursing** - For rising 5 to19 years old. |
|  | **Special Care Dental (Child)** -Treatment for those who cannot access standard dentistry, e.g. learning disabilities, phobic patients, wheelchair users & housebound. |
|  | **\*Speech & Language Therapy (Child)** |
|  | **Wheelchair and Special Seating Assessment Service (Child)** - Restricted to children who have a need for a wheelchair for a long term disability (more than 6months) or who are terminally ill.  **Qualifying condition: Service requested:** |
|  | **MEND – (Mind, Exercise, Nutrition….Do IT! 10-12 week weight management programme for 5-13 year olds whose BMI is above 91st centile.** |

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| **Local Authority and Voluntary Sector Services**  ***Bromley Healthcare will refer to the following organisations on your behalf. No medical information about the patient will be shared.*** | |
|  | **Age UK Bromley & Greenwich** - Provides activities, services and support that promote opportunities, independence and choice to older people and people with dementia. |
|  | **Carers Bromley** - Provides support for people caring for family members. To use this service, the carer must live in Bromley, not the patient. Please ensure you complete the carer’s details on page1. |
|  | **Bromley Mind** - Bromley Mind’s Community Wellbeing Services provide individual person-centered support planning, courses, groups and drop-in peer support sessions. |
|  | **London Borough of Bromley Disabled Children's Team and Short Break Services** - Direct referral is unavailable. If this service is selected, Bromley Healthcare will pass on contact details to London Borough of Bromley and the patient/carer will be sent information about the service. Please ensure you complete the Carer Details (Section 3). |
|  | **MindCare Dementia Support** - Provided by Bromley Mind. Dementia services available include Dementia Support Centres, Respite in the Home and Carer’s Support |

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| **8. Help Us to Help Your Patient** | |
| **Please advise of any known hazard/ access issues:** | |
|  | **Patient is housebound** - Cannot attend GP surgery or clinic for an appointment. |
|  | **Patient requires transport for a clinic appointment** - Podiatry, Adult Speech and Language Therapy, Diabetes and Special Care Dental Services only. |
|  | **Patient/carer prefers language other than English. State language:       and dialect** (if applicable)**:** |
| **Patient requires additional support for:**  **Sensory Impairment  Learning Disability  Cognitive Deficit / Dementia**  **How might the service best meet these needs?** | |

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| **9. Further Information**  **Please type/paste/merge further information below. Any pre-merged information which is irrelevant to the referral should be removed.** |
| **Consultations**  Consultations |
| **10. Merged Data**  **Any information which is irrelevant to the referral should be removed.** |
| Problems  Medication  **Allergies**  **Recent Investigations**  **Height**  **Weight**  **BMI**  **Blood Pressure**  **Peak Flow**  **Fasting Glucose:**  **HbA1c**  **HbA1c**  **Investigations** |

**Contact Us:**

**At Bromley Healthcare we are continually striving to improve our services and your feedback is vital to that end. If you have anything you would like to make us aware of please contact Teresa.Hocking@bromleyhealthcare-cic.nhs.uk who will ensure that any issues you may have are addressed by the most appropriate part of the organisation. Please do not send patient confidential data to this email address.**