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| **Patient Details** |
| **Surname: Given Name:** |
| Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  Other [ ]  please state : **Ethnicity :**  |
| **DOB:** | **Gender: M / F**  | **NHS Number:** RiO / EMISweb number : |
| **Address:** **Postcode:** **Tel: Home / Mobile / work**  | **Key safe Y / N** **Lives alone? Y / N** **Carers Y / N Informal** [ ]  **Formal** [ ] **Access instructions:** **Is an interpreter required?** **If yes, which language?** |
| **GP Details:** **Surgery name & address:** | **Is the patient housebound? Y / N** **Does the patient live alone? Y / N**  |
| **Next of Kin:** **Relationship to patient:** **Address:** **Postcode:** **Tel:** Home:  Mobile: | **Primary Contact (if different from NOK):****Relationship to patient:** **Address:** **Postcode:** **Tel:** Home: Mobile: |

**Bromley Falls and Fracture Prevention Service Referral Form**

**Criteria:** *Please tick to acknowledge the following have been met:*

 [ ]  Adults over the age of 18 years

[ ]  Registered with a **Bromley General Practitioner**

[ ]  Patient has **consented** to the referral

[ ]  Patient has the **physical & cognitive** **ability to follow** **a falls prevention programme.**

Meets **one** of the following criteria:

[ ]  Has had a **recent, unexplained fall**

[ ]  Has been identified at **high risk of falling**

[ ]  Has had **a recent fragility fracture** (\*low impact: fall from standing height or less)

[ ]  Has been identified at **high risk of osteoporosis**

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| **Clinical Information**  |
| **Past Medical History:**  | *This can be attached as a separate document* |
| **Medication:**   | *This can be attached as a separate document* |
| **\*Please attach a copy of the discharge summary if recently discharged from hospital – Thank you** |

**\*Please note that all sections will need to be completed to aid timely triage\***

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| **Screening Questions** |
| Patient is aware of the referral and has consented to this? | [ ]  Yes[ ]  No |
| Number of falls: | [ ]  Multiple in 1 month [ ]  Unexplained fall within last month[ ]  2 or more in 6 months[ ]  2 or more in 1 year[ ]  Near misses / deemed to be at high risk |
| Discharged from hospital with a fall or non-conveyed LAS call out due to a fall (within the last 1 month) : | [ ]  Yes\*[ ]  NoPlease attach a discharge summary to this referral, reason for admission & investigations completed.  |
| Previous fragility fracture\* over age of 50: | [ ]  Yes[ ]  No |
| Would this patient be able to travel to a community clinic independently or with family  | [ ]  Yes \*Please be aware transport cannot be arranged[ ]  No |
| To aid us with triaging the referral, please outline any assessment needs that you feel your patient may require: | [ ]  OT – Home Assessment / Functional / Intervention[ ]  PT – Gait / Balance Assessment / Intervention[ ]  Consultant – Unexplained falls (will include a pre-assessment therapy clinic)[ ]  Falls prevention and balance classes (will require a pre-assessment in therapy clinic) |
| Functional AbilityPlease provide a brief outline of any assistance required, including aids / equipment: | Mobility:Transfers: Activities of Daily Living: |
| Please send a copy of the falls risk assessment tool you have completed to identify your patient as being at high risk? What steps/measures have already been taken towards falls prevention?   |  |

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| **Date:**  | **Name of referrer:****Title of professional:** |
| **Organisation Name:** **Contact Address:**  | **Telephone:****Email:**  |
| **Please send a copy of this referral and any other relevant documents / assessments / outcome measures to:****Email :** **bromh.bromleyfalls@nhs.net****Address** St Paul’s Cray Clinic, Mickleham Road, Orpington BR5 2RJ **Tel No: 0300 003 2321** |