



Holy Cross Hospital
Haslemere,
Surrey GU27 1NQ
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REFERRAL FORM

Patient Name:	Home address :
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DOB:	Date of referral:	NHS Number
Referred by: Name:	Diagnosis:	
Job title:		
Organisation:		

Past medical history:

Recent history:

Current medication:

Breathing (<i>please tick as appropriate</i>)
<input type="checkbox"/> Tracheostomy Type/size: _____ Date last changed: _____
<input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed
<input type="checkbox"/> Ventilator Please give details
Other relevant details:

Nutrition *(please tick as appropriate)*

Weight

Height (if known)

Oral diet Modified consistency Please give details

Assistance with feeding Please give details

Enteral feeding PEG RIG Type/size Date last changed:

Enteral feed

Type

Amount in 24 hrs

Rate per hour

Water (volume in 24 hours)

Other relevant details

Elimination *(please tick as appropriate)*

Independent

Needs assistance to toilet/commode

Incontinent of urine

Incontinent of faeces

Urethral catheter Type/Size:

Date last changed:

Suprapubic catheter Type/Size:

Date last changed:

Other relevant details

Tissue viability *(please tick as appropriate)*

Waterlow score

Skin intact

Pressure ulcer Grade Treatment

Other relevant details

Cognition and communication

- Fully aware, able to understand and communicate without assistance
- Needs communication aid (please describe)
- Difficulty understanding and processing information
- Memory problems
- Low awareness state

Other relevant details

Behaviour *(please describe any problems)*

- No problems with behaviour
- Irritable at times
- Impulsive
- Verbally aggressive
- Physically aggressive
- Disinhibited
- Lacks insight

Other relevant details

Mobility and posture management

- Able to move or turn in bed independently
- Able to move or turn in bed with assistance
- Unable to move or turn in bed
- Able to walk independently
- Able to walk with assistance
- Wheelchair bound
- Has own wheelchair/ seating system
- Has a wheelchair/ seating system on loan
- Has been referred to local wheelchair/ special seating services
- Yet to be referred to wheelchair/ special seating services
- Patient using pressure relieving/ air mattress
- Patient using a special sleep system (Dreama/ Symmetrikit)

Other relevant details

Transfers

- Able to transfer independently
- Able to transfer with assistance (banana board/ staff assistance)
- Transferred using a hoist and sling

Other relevant details

Therapy interventions (PT/OT/SLT)

- Patient receives therapy daily
- Patient receives therapy once/ twice weekly
- Patient receives therapy as required
- Patient does not receive any therapy

Other relevant details (splinting, respiratory physio, Environmental Control System, hydrotherapy etc)

Tone Management

- Has increased muscle tone managed with oral medications
- Has increased muscle tone managed with Btx injections/ oral medications
- Has increased muscle tone managed and awaiting appointment from specialists

Other relevant details (Phenol, IT Baclofen, contractures/ deformities)