|  |
| --- |
| **Referrer Information**  |
| **Referrer Name** | **Hospital/Ward** |
|  |  |
| **Consultant** | **GP Surgery** |
|  |  |
| **Telephone Number** | **Fax Number** |
|  |  |
| **Signed** | **Date** |
|  |  |
| **Patient Information**  |  |
| **Title** | **Forename(s)** | **Surname** | **NHS Number** |
|  |  |  |  |
| **Date Of Birth** | **Gender** | **Ethnicity** | **Religion** |
|  |  |  |  |
| **Address (including postcode)** |
|  |
| **Home Telephone Number** | **Mobile Telephone Number**  | **Preferred Contact Number** |
|  |  |  |
| **Parent Names** | **GP** | **Consultant** |
|  |  |  |
| **Languages Spoken** | **Languages Read** | **Is interpreter needed?** |
|  |  |  Yes [ ]  No [ ]  |
| **Please record if the patient has given consent to access information recorded via the SystmOne Electronic Record System.***(please note referrals cannot be processed without consent obtained)* |
| Consent given [ ]  Dissent given [ ]  Consent obtained on patient’s behalf [ ]  |
| **Referral Information** |  |  |
| **Reason for admission\diagnosis** | **Planned date of discharge** |
|  |  |
| **Date first visit required**  | **Allergies** |
|  |  |
| **Reason for referral/frequency of interventions required** *(please note 10 day supply of all equipment/medication/dressings required to be sent home with family for visit to take place)* |
|  |
| **Additional information of relevance** (special instructions for medication/interventions/diagrams of wound stomas etc) |
|  |
| **Any Safeguarding concerns?**  |
| Yes [ ]  | No [ ]  | Not known [ ]  |
| *(If yes please specify with details of Social Worker if Known)* |

**Once completed please return form to us by:**

|  |  |  |
| --- | --- | --- |
| **Email:**  | fypc.referrals@nhs.net | **Fax:** 0116 295 5081 |

*Where possible please complete the form electronically, if completing by hand please use additional sheets if needed. For more information view* [*www.leicspart.nhs.uk/Our*](http://www.leicspart.nhs.uk/Our) *Services A - Z/FYPC (Families, young children & children) referrals*