

BARNET INTERMEDIATE CARE SERVICES
RAPID RESPONSE REFERRAL FORM
Single Point of Access: Tel: 0845 389 0940

email: icsbarnet@nhs.net

To prevent delay, please complete all parts of this form fully and attach a medical summary

PATIENT DETAILS:

Title: Mr/Mrs/Miss/Ms/Dr/Other	First name: (including alias)	Surname:
DoB:	NHS No:	Does the client live alone? Yes/No
Address:		Next of Kin name, relationship to patient & contact details:
Telephone number:		GP Details:
Is the client aware of the referral: Yes/No Has the client consented to the referral: Yes/No Is an interpreter required? Yes/No		

CURRENT & PAST MEDICAL HISTORY, CURRENT MEDICATION & INVESTIGATIONS

Please attach medical summary & copy of any relevant correspondence if possible. Please ensure medication needs are included.

PRESENTING PROBLEMS:

Incl. outstanding investigations, usual level of function compared to current, details of any pre-existing package of care arrangements, risks to carer stress, falls history, what referrer or client is hoping will be achieved following Rapid Response intervention:

Other services/professional involved at present (please include contact details):

<input type="checkbox"/> Consultant <input type="checkbox"/> Social Worker <input type="checkbox"/> Carers (private / social services funded)	
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RISKS, PROBLEMS WITH COMMUNICATION OR ACCESS TO PROPERTY:

Are there any known risks associated with the property or patient? Yes/No
 Can the patient provide access to the property? Yes/No

Please provide further details:

REFERRER'S NAME, POSITION & CONTACT DETAILS

Signature: _____

Date: _____

Designation: _____

Phone No: _____