



## PRIMARY CARE NETWORK SERVICE REFERRAL

<b>Referral Date:</b>	Referral Date
<b>Priority:</b>	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent

Patient Details		GP Details	
Patient Name:	Full Name	Registered GP:	Usual GP Full Name
DOB:	Date of Birth	Referring Clinician:	Referring User
NHS Number:	NHS Number	Contact Details	Usual GP Phone Number
Address:	Home Full Address (stacked)	GP Surgery Code:	Usual GP Organisation National Practice Code
Telephone No:	Patient Home Telephone	Ethnicity:	Ethnic Origin
Mobile No:	Patient Mobile Telephone	Interpreter Req'd?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Work No:	Patient Work Telephone	Language req'd:	
Email:	Patient E-mail Address	Communication Support / Sensory Needs?	Yes <input type="checkbox"/> No <input type="checkbox"/> Type:
Preferred Method of Contact:	<input type="checkbox"/> Telephone <input type="checkbox"/> Text <input type="checkbox"/> Email Consent to leave a/p message? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does the patient have capacity?	Yes <input type="checkbox"/> No <input type="checkbox"/> If No, is there a carer or LPOA? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please give the name and contact details of the carer/LPOA: Name: Contact Details:		

PCN Service Required – <i>important - please tick box and email to relevant service</i>		
<input type="checkbox"/> Care Home Care Co-Ordinator *Email to: <a href="mailto:xicb-esx.carers.bexhillpcn@nhs.net">xicb-esx.carers.bexhillpcn@nhs.net</a>	<input type="checkbox"/> Cardiovascular Care Co-Ordinator *Email to: <a href="mailto:xicb.cvcoordinator.bexhillpcn@nhs.net">xicb.cvcoordinator.bexhillpcn@nhs.net</a>	<input type="checkbox"/> Cancer Care Co-Ordinator *Email to: <a href="mailto:xicb-esx.cancercarecoordinator.bexhillpcn@nhs.net">xicb-esx.cancercarecoordinator.bexhillpcn@nhs.net</a>
<input type="checkbox"/> Children & Young People Care Co-Ordinator *Email to: <a href="mailto:xicb.childrenandyoungpeople-bexhillpcn@nhs.net">xicb.childrenandyoungpeople-bexhillpcn@nhs.net</a>	<input type="checkbox"/> Frailty and Vulnerability Care Co-Ordinator *Email to: <a href="mailto:xicb-esx.fvcarecoordinator.bexhillpcn@nhs.net">xicb-esx.fvcarecoordinator.bexhillpcn@nhs.net</a>	<input type="checkbox"/> Diabetes Care Co-Ordinator *Email to: <a href="mailto:xicb-esx.diabetes.bexhillpcn@nhs.net">xicb-esx.diabetes.bexhillpcn@nhs.net</a>
<input type="checkbox"/> Dementia Care Co-Ordinator *Email to: <a href="mailto:xicb-esx.dementiaccbexhillpcn@nhs.net">xicb-esx.dementiaccbexhillpcn@nhs.net</a>	<input type="checkbox"/> Mental Health Care Co-Ordinator *Email to: <a href="mailto:xicb.mhcoordinator.bexhillpcn@nhs.net">xicb.mhcoordinator.bexhillpcn@nhs.net</a>	
<input type="checkbox"/> Social Prescriber *Email to: <a href="mailto:xicb-esx.pcnsocialprescribers@nhs.net">xicb-esx.pcnsocialprescribers@nhs.net</a>	<input type="checkbox"/> Pharmacist and Pharmacy Team *Email to: <a href="mailto:xicb-esx.pharmacyteam.bexhillpcn@nhs.net">xicb-esx.pharmacyteam.bexhillpcn@nhs.net</a>	
<input type="checkbox"/> Dietitian *Email to: <a href="mailto:xicb.dietician.bexhillpcn@nhs.net">xicb.dietician.bexhillpcn@nhs.net</a>	<input type="checkbox"/> Podiatry *Email to: <a href="mailto:xicb.podiatry.bexhillpcn@nhs.net">xicb.podiatry.bexhillpcn@nhs.net</a>	
<input type="checkbox"/> Health Coach *GP/patient to complete referral form: <a href="https://oneyoueastsussex.org.uk/gert-started/">https://oneyoueastsussex.org.uk/gert-started/</a>		

Further Information	
Reason for referral: <i>important - please give a brief description</i>	
Any known risks to self?	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
Any known risks to others?	Yes <input type="checkbox"/> No <input type="checkbox"/>

	Details:
DNACPR in place?	Single Code Entry: Not for resuscitation

**Summary of Medical History, Medication & Allergies (if known)**

Problems  
Medication  
Allergies

**Recent Investigations  
Consultations**