

C&B GENERIC REFERRAL FORM (Version 3.0)

On completion please **FAX** to the appropriate service

PARIS NO:	NHS No: ~[NHS Number]		
Case Open: Yes/No	Case Known But Closed: Yes/No		
Input By:	Amended/NFA'd By:	Date:	

Patient Name:	~[Forename] ~[Surname]	Relevant No:	~[NHS Number]
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Service User/Service User Information

Surname	~[Surname]	Previous	~[Previous Name]
Forename	~[Forename]	Preferred Name:	~[Calling Name]
Address	~[Patient Address Block]	Current Location	
Telephone	~[Telephone Number]	Telephone	
Mobile Tel		Mobile Tel	
Email address		Email address	
D.O.B.	~[Date Of Birth]	Marital Status:	Gender ~[Sex]
Ethnicity	~[Ethnicity]	Religion	Occupation/Education
First Language		Hospital No	~[Hospital Number]
Communication support: Interpreter/signer/other required	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Property Type & Tenure (Permanent)

Property type		Lives with	
Tenure		Comments	
Type of supported housing			

Environment and Access Issues

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Next of Kin

Emergency Contact

Surname		Surname	
Forename		Forename	
Address		Address	
Telephone		Telephone	
Mobile Tel		Mobile Tel	
Email address		Email address	

Patient Name:	~[Forename] ~[Surname]	Relevant No:	~[NHS Number]
GP Details		Referring GP Details	
Registered GP	~[Registered Doctor]	Referring GP	~[Referring Doctor]
Surgery Address	~[Surgery Address Line 1] ~[Surgery Address Line 2] ~[Surgery Address Line 3] ~[Surgery Address Line 4] ~[Surgery Address Line 5]	Surgery Address	~[Surgery Address Line 1] ~[Surgery Address Line 2] ~[Surgery Address Line 3] ~[Surgery Address Line 4] ~[Surgery Address Line 5]
Tel No	~[Surgery Tel No.]	Tel No	~[Surgery Tel No.]
Fax No		Fax No	
Email address		Email address	
Referring date	~[Today...]		
Other Significant People (including main carer(s) and professionals)			
Name:		Name:	
Address:		Address:	
Post code:		Post code:	
Tel No		Tel No	
Email:		Email:	
Relationship: (include date of birth if main carer):		Relationship: (include date of birth if main carer):	
Reason for Contact/Admission/Assessment			
History of presenting complaint/examination, findings/investigation results:			
Reason for Referral:			
Expectation of referral outcome:			
Is service user aware of referral/reason for contact: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name field: ~[Forename] ~[Surname]

Relevant NHS/PARIS No: ~[NHS Number]

~[Active Problems:AS~AM~PS]

~[Medication]

~[Allergies]

~[ReadCode:229~~M1~R~Date|Coded Data~1]

~[ReadCode:22A~~M1~R~Date|Coded Data~1]

~[ReadCode:22K~~M1~R~Date|Coded Data~1]

~[ReadCode:137~~M1~R~Date|Coded Data~1]

]~[ReadCode:136~~M1~R~Date|Coded Data~1]