

BACK CARE SUPPORT SERVICE REFERRAL FORM

Back Care Support Service, Briggs Unit, Brighton General Hospital, Elm Grove, Brighton, BN2 3EW.	Tel: 01273 696011 Ext. 3310 Fax: 01273 688917 Email: SC-TR.BackcareSupportReferralline@nhs.net
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All answers to the following questions need to be 'yes' for the carer to be suitable for referral to the Back Care Support Service.		Y (✓)	N (✓)
1	Has the carer agreed to the referral?		
2	Does the carer's role involve elements of moving and handling?		
3	Is the person being referred an informal carer (e.g. a partner, friend or relative) who provides unpaid support to someone?		
4	Does the cared for person live at home (i.e. not in a residential or nursing home)?		
5	Is the cared for person registered with a Brighton and Hove PCT GP?		

CARER'S PERSONAL DETAILS	REFERRER DETAILS
Name:	Name:
Address:	Service:
Postcode:	Role:
Telephone (home):	Contact Tel:
Telephone (mobile):	Email address:
Date of Birth:	Relationship to carer:
CARED FOR PERSON'S DETAILS	NHS No.
Name and address:	Care First No.
DOB:	Ethnicity:
	GP:

CARER'S NAME:	NHS/CAREFIRST NUMBER:
<p>The Back Care Support Worker will provide a one-off home visit to give information and advice to the unpaid carer (with follow-up visits at the support worker's discretion).</p> <p>Please state your reason for referral:</p> <p>List the priorities for the visit (Please give specific transfers/physical tasks):</p> <p>1)</p> <p>2)</p> <p>3)</p>	
<p>Relevant past medical history of carer (i.e. conditions affecting tasks related to caring):</p>	<p>Communication issues:</p>
<p>Handling considerations of cared for person (e.g. disability, weakness, pain, spasticity, joint replacement, balance, ability to weight bear, mobility, level of function, medication)</p>	
<p>Are there any other carers involved? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please give details:</p>	
<p>What information is known about the patient, carer and their home environment which a visiting worker should be aware of to ensure their safety?</p>	
<p>Date of Referral:</p>	<p>Urgent <input type="checkbox"/> Non-urgent <input type="checkbox"/></p> <p>Joint visit preferred <input type="checkbox"/></p> <p>Feedback required <input type="checkbox"/></p>

Please send any SAP or appropriate paperwork, including discharge reports, concerning this referral.