**Step-Down Homeless Medical Care Pathway**

**Referral Form**

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| Date referred: | | |  | |
| Patient name (first + last): | | |  | |
| Gender: | Phone number | |  | |
| Nationality: | Ethnicity: | DOB: | | |
| Hospital number: | NHS number: | | | |
| Referring clinician’s name: | Address: | | | |
| Telephone number: | Email: | | | |
| Homeless Pathway Team and referring hospital: |  | | | |
| Ward name: | Ward telephone no: | | | |
| General Practitioner and Practice: | Address: | | | |
| Telephone: | Email: | | | |
| ICB: | | | |  |
| Social worker: Name | Address: | | | |
| Telephone: | Email: | | | |
| Housing support worker: Name | Address: | | | |
| Telephone: | Email: | | | |
| Next of Kin: Name | Telephone number: | | | |
| Hostel address (if applicable): |  | | | |
| Estimated length of admission required at Mildmay Mission Hospital: | Temporary address: | | | |

Medical information

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| --- | --- |
| Current medical issues: |  |
| Relevant past medical history: |  |
| Current prescribed medications: |  |
| Allergies: |  |
| Goals for Mildmay admission: |  |
| Drug and alcohol history |  |
| Psychiatric history |  |
| Resuscitation status: |  |

Nursing and therapy information

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| Mobility: please comment on falls risk, mobility aids used, if the patient needs to be supervised while transferring, if they require a hoist, etc. |  |
| Pain: any current issues related to pain control? |  |
| Adherence to medication: please comment |  |
| Continence: e.g., do they have to wear incontinence pads, a urinary catheter? |  |
| Ability to self-care: do they require nursing support with hygiene? |  |
| **Cognition:** are they orientated to time, date and place? Are there concerns re long- or short-term memory? Are they confused? |  |
| **Behavioural Issues:** e.g., verbal or physical aggression, sexual disin**hi**bition, self-harm, agitation, wandering |  |
| **Skin:** do they have any skin conditions? Any pressure ulcers? |  |
| **Diet:** Are they underweight/overweight/malnourished? Do they require a special diet e.g., vegetarian, Halal etc? Do they take dietary supplements? Do they have a PEG/RIG *in situ*? |  |
| Dysphagia: Are there swallowing issues? |  |
| **Communication**: Are there issues with communication e.g., dysphasia, language barriers etc |  |

Social work information

|  |  |
| --- | --- |
| Social and housing history: please provide a brief summary |  |
| Has Duty to refer been made |  |
| Name and contact details of Community Case Manager or Key worker |  |
| Immigration Status |  |
| Name and contact details of others working with the patient (Outreach workers, solicitors etc) |  |
| Any Safeguarding concerns? |  |

Inclusion Criteria

Patients should meet all criteria below.

A. Adults (>18years old) who before hospital admission were: o Sleeping rough in London, or

o Living in a homeless hostel in London that is not a suitable environment for a discharge to assess placement or

o Squatting or in other precarious accommodation, such as sofa surfing.

B. Clients with complex needs (eg a very high level of clinical, nursing, rehabilitation / reablement support needs; in association with complex behaviour, mental health difficulties or substance misuse issues which cannot be managed in mainstream step-down provision) that require intermediate care who require placement because of ongoing health needs and cannot be discharged back to their original place of residence.

C. Clients must have an identified Case Manager/Key Worker in the community prior to referral being made (outreach workers, housing workers, GP etc).

D. A duty to refer should have been made by the referring hospital to the relevant local authority; the housing duty can still be pending.

E. A requested length of stay should be provided by the referrer.

Exclusion Criteria

F. Clients who are statutorily homeless with an established local connection and priority need, who do not have complex needs.

G. Clients with no/low care and support needs

H. Clients with end of life care needs

**Please send the completed form to:**

[admissions.mildmay@nhs.net](mailto:admissions.mildmay@nhs.net?subject=Step-Down%20Homeless%20Medical%20Care%20Pathway)

**Admissions Team: 020 7613 6347**