**Step-Down Homeless Medical Care Pathway**

**Referral Form**

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| Date referred: | |  | |
| Patient name (first + last): | |  | |
| Gender: | Date of birth (DD/MM/YYYY): | | |
| Nationality: | Ethnicity: | | |
| 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: | | |
| CCG: | | |  |
| 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

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| Social and housing history: please provide a brief summary |  |

**Please send the completed form to:**

**admissions.mildmay@nhs.net**

**Admissions Team: 020 7613 6347**