

**GSTT Neighbourhood Nursing Services**

**GP Referral Form**

Please give as much information as possible. This will help us to process your referral quickly and appropriately.

**NHS No:** **NHS Number Full Name:** **Full Name**

**Gender:** **Gender D.O.B.** **Date of Birth**

**Religion:** **Single Code Entry: Religion Is the patient housebound? Yes/No**

**Patient/Client Address:** **Home Full Address (single line)**

**Landline:** **Patient Home Telephone Mobile:** **Patient Mobile Telephone**

Ethnicity: Ethnic Origin

GP Surgery: Organisation National Practice Code Organisation Full Address (single line)

Parent /Carer /Advocate /Next of Kin:

Contact Details (if different from above):

Is an interpreter required: **Yes/No** If yes, which language? Main Language

If patient is currently in hospital, what is the anticipated discharge date?

Any infections that pose a risk to others? (E.g. current or previous MRSA, Colstridium difficile): **Yes/No**

Current Medication (attach list if available):

Medication

Does the patient have any specialist equipment / aids? **Yes/No**

Are there any safeguarding issues? **Yes/No**

**Reason for Referral:**

Is this referral: **Routine/ Urgent** If urgent please explain the urgency:

Please specify a date for initial visit (if applicable):

Relevant Medical Information Including Diagnosis

Problems

Any relevant history (e.g. family history /provide medical and mental health):

Relevant Social History:

Other Professionals Involved:

Details of any specific management plans already in place (attach copy if appropriate):

Has this referral been discussed and agreed with the Patient/Client or Carer? **Yes/No**

Name of Referrer: Designation:

Organisation National Practice Code Organisation Full Address (single line) Tel: Organisation Telephone Number Docman e-mail: Organisation E-mail Address

Signed: …………………………………………………..Date: Short date letter merged

If form is emailed only date of referral is required

Referrals are processed each day Monday to Friday. Referrals received after 4.30pm or over the weekend (including bank holidays) will not be processed until the next working day. If you need a patient to be seen the same evening, or at the weekend, (including bank holidays) please telephone the following number:

Now save this form and email it, together with any relevant reports or letters to:

[**gst-tr.DNreferrals@nhs.net**](mailto:gst-tr.DNreferrals@nhs.net)

**If you need to speak with someone in the NN Single Point of Access (SPA)**

**please call**

**0203 049 4020**