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|  | **Haringey Integrated Locality Team Referral Form** | | | | | | | |  | |
| *The Locality Team is a preventative multi-disciplinary service that care coordinate and case manage clients care to prevent unplanned hospital admissions. The client and professionals in the team will develop a crisis management plan with the view to improve health management and wellbeing.*  **Locality Team Service Criteria**   * People who are over 18 years or older and are residents of Haringey. * People who have given their consent to engage with preventative services. * People who would benefit from a preventative approach to prevent an unplanned hospital admission or reduce dependency on emergency departments, LAS and GP contact. * People with multiple long term conditions impacting on daily life, and require a multi-disciplinary approach to support to maintain health, well-being and independence. * People with a requirement for care-coordination (Not currently being care coordinated elsewhere) to increase quality of life and minimise involvement of multiple services. | | | | | | | | |  | |
| **Client’s Name:** | | | **First Name:** | | | | **Surname:** | | | |
|  | | | |  | | | |
| **Patient Mosaic ID or NHS ID Ref :** | | |  | | **MF** | | **DOB:** | | | |
| **Referred By** | | |  | | | | | | | |
| **GP details (Name, address, phone)** | | |  | | | | | | | |
| **Clients Home Address:**  **Tick if temporary address and provide permanent address** | | | Borough : | | | | | | | |
| **Access (key safe, key holder):** | | |  | | | | | | | |
| **Home Phone:** | | | **Landline:** | | | | **Mobile:** | | | |
|  | | | |  | | | |
| **NOK/Emergency contact/ neighbour:** | | | **Name:**  **Address:** | | | | **Phone:**  **Relationship:** | | | |
| **Long Term Health Conditions**  **Minimum of 2** | | |  | | | | | | | |
| **Other Past Medical History** | | |  | | | | | | | |
| **Contact with other health professionals** | | | **District Nurses  Diabetes Specialist  Respiratory**  **Community Matrons  IAPT  Palliative Care**  **Bladder and Bowel  Mobility & Seating Solutions  Tissue Viability  MSK Physiotherapy  Nutrition and Dietetics**  **ICTT  Social services (SS)  SS OT/  Visual & Hearing Impairment  Reablement team  secondary care services.**  **other:** | | | | | | | |
| **Name & Contact Details Known Professional** | | |  | | | | | | | |
| **Attendances to A&E/Hospital admissions in 12 months & details:** | | |  | | | | | | | |
| **Medication** | | |  | | | | | | | |
| **Health & social Issues & Risks (including safeguarding)**  **KNOWN WARNINGS/ RISKS to professional visiting:** | | | (functional/mobility/communication/cognitive impairment/memory loss/nutrition/hearing/vision/mental health/suicide/bed bound/self-neglect )  Yes No  Details: | | | | | | | |
| **Has the client consented to/aware of Locality Team Referral.** | | | Yes  No | | | Client concerns/expectations: | | | | |
| **Level of Care-Coordination expected.**  **(Tick the most appropriate box )** | | | **Standard**  Client is a high risk admission to hospital **but** stable and would benefit from support to improve self-management and develop a crisis plan. | | | **Complex**  Client at high risk of care breakdown, hospital admission, or exacerbation of condition has a fluctuating or deteriorating health condition or the person is unable or unwilling to engage with advice and support.  ***Evidence of frequent unplanned secondary care presentation*** | | | | |
| **Reasoning for referral.**  **E.g**  **Joint integrated working (Between services)**  **Medication management**  **Care coordination of multiple health & social care services.**  **Goals**  **Expectations of referrer and client**  **At risk of hospital admission** | | |  | | | | | | | |
| Referred by : | | Designation : | | Date: | | | | Phone Number: | | |
|  | |  | |  | | | | Email: | | |

**Send referral form and any other relevant documentation such as EMIS summary/ recent D/C summaries to**:

[whh-tr.HaringeyLocalityTeam@nhs.net](mailto:whh-tr.HaringeyLocalityTeam@nhs.net)

Contact: **020 3074 2958** to discuss referrals or leave messages for the team.

If you feel that a person is at immediate risk of hospital admission or imminent care break down please refer to the **Rapid Response** service via their registered G.P