# Sunderland Community Geriatric Service

# Referral Form

## Referral Criteria

Frail (e.g. eFI >0.25), older patients (generally >65) who are at risk of becoming unstable with complex needs (e.g. Q score >28%)

**Please attach referral letter, clinical details and prescribed medications and fax to 0191 5410552**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | First name |  |
| Address |  | DOB |  |
| NHS/Hospital number |  | GP Practice |  |
| Patient’s contact Number |  | Carer/NOK name and contact details |  |
| Referrer and job title |  | Referrer contact number |  |
| Date of referral |  |  |  |

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| --- |
| **Response expected** □ **Review in local outpatient clinic**  □ Washington  □ Monkwearmouth  □ Houghton  □ Seaham  □ **Domiciliary/Care home visit**  (Sunderland residents registered with a Sunderland GP)  **Patient’s/ NOK contact details must be supplied**  □ **Attend Community MDT**  Please also email below address  □ **Urgent** (usually within 7days) Fax referral or contact via below details  □ **Routine** (2-3 weeks) |
| **Reason for Referral/ question to be answered?** |
| **Further advice**  Bleep 51080 to speak to a Community Geriatrician or contact via email at [marie.bateman@nhs.net](mailto:marie.bateman@nhs.net) (Monday-Friday 8.30am-4.30pm) |