|  |
| --- |
| **Personal Information** |
| Name:  | NHS no.:  |
| Preferred name: | D.O.B:  |
| Address:  | Tel No: |
| Does the person live alone? Yes [ ]  No [ ]  |
| What gender does the person identify as? Female [ ]  Male [ ]  Other (please specify):[ ]  Female[ ]  MaleOther (please specify): |
| Ethnicity: |
| Preferred language: | Is an interpreter required: Yes [ ]  No [ ]  |
| **GP Details** |
| Named GP; GP Surgery & branch; |
| **Referrer details** |
| Name:  | Date of referral:  |
| Position:  | Contact no:  |
| Service:  | Email address: |
| **Consent**  |
| Has the individual consented to this referral?  | Yes [ ]  No [ ]  |
| If ‘No’ consent, please give details: If there is a safety risk, professionals have a duty to refer to Safeguarding and can refer to ACM without consent.  |
| **Safeguarding** |
| Are there known/potential risks to lone workers: Environmental, substance use, violence/aggression, pets, forensic history or needing two staff for safety etc. |
| **Reason for referral**  |
| **Primary** reason for referral(Please select **ONE** most appropriate reason)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]   | Alcohol Misuse  | [ ]  | Carer breakdown  | [ ]   | Dementia |
| [ ]   | Early Palliative | [ ]  | End of life support  | [ ]  | Falls  |
| [ ]  | Frailty | [ ]  | Frequent Service User | [ ]  | Housing |
| [ ]  | Long Term Condition  | [ ]  | Mental Health  | [ ]  | Other Primary Care Issue |
| [ ]  | Pain Management | [ ]  | Respiratory Conditions  | [ ]  | Social (Isolation/Vulnerable/Other) |
| [ ]  | Social Support | [ ]  | Substance Misuse  | [ ]  | Other – please give details; |

**Secondary** reason for referral(**If** appropriate to this referral, please also select **ONE** secondary reason for referral)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]   | Alcohol Misuse  | [ ]  | Carer breakdown  | [ ]   | Dementia |
| [ ]   | Early Palliative | [ ]  | End of life support  | [ ]  | Falls  |
| [ ]  | Frailty | [ ]  | Frequent Service User | [ ]  | Housing |
| [ ]  | Long Term Condition  | [ ]  | Mental Health  | [ ]  | Other Primary Care Issue |
| [ ]  | Pain Management | [ ]  | Respiratory Conditions  | [ ]  | Social (Isolation/Vulnerable/Other) |
| [ ]  | Social Support | [ ]  | Substance Misuse  | [ ]  | Other – please give details; |

 |
| **Referral details** |
| Medical and social history (If known). |
| **Summary**  |
| What has led up to this referral? |
| **Referrer’s view:**  |  |
| Actions and outcome(s) you wish to see, and who do you feel needs to be involved in discussions? |
| What formal/informal support is already in place? i.e., carers, services, support groups, voluntary organisations |
| **Patient/Customer view:** |
| What would you like to tell us about yourself, what matters to you?  |
| What would you like to happen as a result of this referral? |
|  |  |
| Thank you for referring for Active Case Management.Please send completed referrals by email to: ACMreferral@nca.nhs.uk  |
| East Integrated Neighbourhood Team | Huntley Mount Medical Centre Knowsley Medical CentrePeel GP’sRibblesdale Medical Practice | Rock Healthcare (Bury Branch)Tower (Minden Branch)Townside SurgeryWalmersley Road Medical Practice |
| North Integrated Neighbourhood Team | Garden City Medial PracticeRamsbottom Medical CentreTower (Greenmount Medical Centre) | Tower (Tottington Heath Centre)Woodbank Surgery |
| South Integrated Neighbourhood Team | Fairfax Medical CentreGreyland Medical CentreLongfield Medical Centre | St Gabriel’s Medical CentreThe Birches Medical CentreWhittaker Lane Medical Centre |
| West Integrated Neighbourhood Team | Mile Lane SurgeryMonarch SurgeryRadcliffe Medical Practice | Redbank SurgeryRock Healthcare (Radcliffe Branch)Tower Spring Lane Surgery |
| Whitefield Integrated Neighbourhood Team  | Blackford House Medical CentreThe Elms Medical Centre | The Uplands Medical PracticeUnsworth Medical Centre |