**Newham Hospital**

**Take Home & Settle Service**

**Please return to:** **nhomeandsettle@ageukeastlondon.org.uk**

**Telephone:** 020 8981 7124 **Mobile:** 07961 830 553

**Opening hours: Mon-Fri, 9am – 6pm**

**REFERRERS DETAILS**

|  |  |
| --- | --- |
| **Date of Referral** |  |
| **Name of Referrer** |  |
| **Job Title** |  |
| **Ward or Department** |  |
| **Telephone Number / Bleep No.** |  |

**PATIENTS HOME DETAILS**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **NHS Number** |  |
| **Date of Birth** |  |
|  |  |
| **Telephone Number** |  |
|  |  |
| **Language spoken** |  |
| **Does the patient live alone? *– please circle*** |  **YES NO** |
| **If no who else lives in the property?** |  |
| **Is there family support?** |  **YES NO** |
| **Is there safeguarding intervention?** |  **YES NO** |
| **Are there any risks identified?** |  |
| **Date of Admission** |  |
| **Reason for Admission** |  |
| **Was the admission planned or unplanned** |  |
| **Was a package of care in place prior to admission?** |  **YES NO** |
| **Has a package of care been arranged following discharge?** |  **YES NO** |
| **No recent hospital admission** |  |
| **Is this a community referral ?** |  **YES NO** |

**PATIENTS HOSPITAL DETAILS**

|  |  |
| --- | --- |
| **Hospital Ward -**  |  |
| **Bed Number** |  |
| **Current Health Condition** |  |
| **Planned Discharge Date** |  |
|  |  |
| **Reason for Referral** |  |