

**Referral Form for Falls Assessment Clinic or
Intermediate Care Teams Slough**

<p><u>Client details</u></p> <p>Name: DOB:</p> <p>Address:</p> <p>Telephone no:</p>	<p><u>Other contact:</u></p> <p>Name:</p> <p>Telephone no:</p>
<p><u>GP details:</u></p> <p>Name:</p> <p>Address:</p> <p>Telephone No:</p>	<p><u>Medical History:</u></p> <p>Patient agreed to referral? Yes/ No</p> <p>Falls clinic explained to patient? Yes/ No</p>
<p><u>Social History:</u></p> <p>Any other services?</p>	<p><u>English first language:</u></p> <p>Yes/ No</p> <p>Any safety considerations?</p>

Referral Routine/ Soon/ Urgent (please circle)

<p>Brief description of Falls (eg indoors/ outdoors, possible cause etc)</p>
<p>Referrer details:</p> <p>Name/ Position:</p> <p>Telephone no:</p> <p>Signature: Date</p>

PTO

To decide whether a client should be referred to either the Falls Clinic or the intermediate care team, please complete this questionnaire.

Falls Clinic referral:

If 'yes' is answered to any of questions 1-5, a referral to the medically led, multi-disciplinary Falls Clinic would be appropriate, providing all criteria in 6-9 are met.

	Please tick as appropriate	YES	NO
1.	Injured faller-following treatment at medical facility		
2.	Multiple faller (more than 1 in last year)		
3.	Single faller with established gait and / or balance problem (eg by Get Up and Go Test)		
4.	Fell due to loss of consciousness		
5.	Unexplained fall with apparent complex medical cause(s)		
	Criteria For Falls Clinic (must meet all 4)		
6.	Aged over 65		
7.	No serious memory problem		
8.	Able to mobilise with frame or stick(s)		
9.	Willing to attend		

Please discuss with the unit anyone who needs referral but does not meet the criteria (eg a person with dementia)

Please send to: Upton Falls Clinic, Upton Day Hospital, Albert Street, Slough SL1 2BJ. Tel 01753-635354. Fax 01753-635447

Intermediate Care Team referral:

If you believe that the falls are caused by mobility and/ or environmental hazards only and not medical reasons, or if a referral to the Falls Clinic is inappropriate please consider referring to the intermediate care team. This referral form should then be sent to: Slough Intermediate Care Team, Dorchester Unit, Newbeech House, Long Readings Lane, Britwell, Slough, SL2 1QP.

Tel 01753- 476590 Fax 01753- 476595