



## East Berkshire Falls Service Referral Form

<u>Client details</u> Name: _____ DOB: _____ NHS No: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Address: _____ Telephone no: _____											<u>NOK/ Other contact:</u> Name: _____ Telephone no: _____
<u>GP details:</u> Name: _____ Address: _____ Telephone No: _____	<u>English first language:</u> Yes/ No _____ Any safety considerations? _____										
<u>Social History:</u>  Any other services? _____	<u>Medical History:</u>  Medication: _____  Patient agreed to referral? Yes/ No _____ Falls Clinic explained to patient? Yes/ No _____										

**Referral:                      Routine                      Soon                      Urgent**      (please circle)

**Please explain if your request is urgent:**

Brief description of Falls (eg indoors/ outdoors, possible cause etc)

<u>Referrer details</u>	
Name: _____	Signature: _____
Position: _____	Organisation: _____
Telephone no: _____	Date: _____

## Falls Clinic referral criteria:

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. However, please discuss with the unit anyone who needs referral but does not meet the criteria (eg a person with dementia)

	<b>Please tick as appropriate</b>	<b>YES</b>	<b>NO</b>
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)		
	<b>Criteria For Falls Clinic (must meet all 4)</b>		
6.	Aged over 65		
7.	No serious memory problem		
8.	Able to mobilise with frame or stick(s)		
9.	Willing to attend		

## Referral to a Locality Falls Clinic- send or fax this form to:

Locality	Telephone	Fax	Address
Bracknell	01344-351450	01344-351441	Bracknell Forest Community Response and Re-ablement Time Square, Market Street, Bracknell RG12 1JD
Windsor, Ascot and Maidenhead	01753- 638530	01753-638526	St Mark's Day Hospital, St Mark's Hospital, St Mark's Road, Maidenhead SL6 6DU.
Slough	01753-635354	01753-635447	Upton Falls Clinic, Upton Day Hospital, Albert Street, Slough SL1 2BJ.

## Referral to Falls Specialist Nurse- send or fax this form to:

If the patient is unable to travel to the falls clinic, an assessment at the patient's home may be more appropriate.

Localities	Telephone	Fax	Address
Bracknell, Slough, Windsor, Ascot and Maidenhead	01753- 638530	01753-638526	St Mark's Day Hospital, St Mark's Hospital, St Mark's Road, Maidenhead SL6 6DU.

## Referral to Intermediate Care Team – send/ fax this form to:

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 locality Intermediate Care Team.

Locality	Telephone	Fax	Address
Bracknell	01344-351450	01344 -351441	Bracknell Forest Community Response and Re-ablement Time Square, Market Street, Bracknell RG12 1JD
Windsor, Ascot and Maidenhead  <i>(send fax plus telephone for additional information please)</i>	01628- 621981 (24 hours/ day)	01628 -683573 (Mon - Fri 8.45 – 5.15 only)	The Royal Borough of Windsor & Maidenhead Short Term Support and Rehabilitation Service York House Sheet Street Windsor SL4 1DD
Slough	01753- 475111	01753- 476871	Slough Borough Council Landmark Place Windsor Road Slough Berkshire SL1 2EJ