**Referral to Enhance Provider** 

***Please call the organisation you are referring to within office hours (Mon-Fri 9-4.30pm) first, ahead of sending in the referral form (via email).***

**ALL REFERRAL FORMS *MUST* BE SENT USING SECURE EMAIL**

**NTs: ALL REFERRALS MUST HAVE THE FOLLOWING WORDS IN THE SUBJECT LINE: [SECURE] Enhance Referral**

**The word SECURE must be in square brackets**

|  |  |  |  |
| --- | --- | --- | --- |
| **Referral Service/Organisation/GP practice**  **(If a Neighbourhood Team, please indicate which area)** | |  | |
| **Referrer Name** |  | **Referrer’s**  **Job Title** |  |
| **Referrer’s direct email** |  | **Referrer’s direct contact Number** |  |
| **Date** |  | | |

***Please complete all sections***

**CONSENT: Please indicate person preference in the box below:**

|  |
| --- |
| ☐ I confirm that the person/Carer/Proxy **agrees** to have this information shared with Enhance providers |

|  |  |
| --- | --- |
| **Person Referral Details** | |
| Surname: | |
| Forename: | |
| Preferred Name: | |
| NHS Number: | |
| Date of Birth: | |
| Gender: | |
| Preferred Pronouns:  (Please tick which apply)  ☐ He/Him ☐ She/Her ☐ They/Them ☐ Other (please specify) | |
| Address: | |
| Telephone (Home): | |
| Telephone (Mobile): | |
| Email: | |
| Preferred method of contact  ☐ Phone ☐ Email ☐ Text ☐ large print written material  Does the person use  ☐ braille ☐ hearing aids ☐ lip reading ☐ BSL | |
| Main language spoken: | Interpreter required? ☐YES / ☐NO |
| Any other communication needs: | |
| **Et Ethnicity?**  P Please tick the appropriate box  ***White***  English 🗆 Welsh 🗆 Scottish 🗆 Northern Irish 🗆 Irish 🗆  British 🗹 Gypsy or Irish Traveller 🗆  Any other white background, please write in:    ***Mixed/multiple ethnic groups***  White and Black Caribbean 🗆 White and Black African 🗆 White and Asian 🗆  Any other mixed background, please write in:  ***Asian/Asian British***  Indian 🗆 Pakistani 🗆 Bangladeshi 🗆 Chinese 🗆  A Any other Asian background, please write in:    ***Black/ African/ Caribbean/ Black British***  A African 🗆 Caribbean 🗆  Any other Black/African/Caribbean background, please write in:  ***Other ethnic group***  Any other ethnic group, please write in: | |

**Past Medical History**

|  |
| --- |
| Does the person have any long-term health conditions (including mental health): |

**Home Environment**

|  |  |
| --- | --- |
| Does the person have any pets? Is help required for their care? | |
| Is there parking nearby the property? | |
| Does the person live alone? If not, who else lives at the property? | |
| Can the person get to the door when visited? | Is there a key safe number for access? Please gain the person's consent before sharing. |
| Is this person’s home suitable for lone workers to visit? | |

|  |
| --- |
| **Emergency Contact Details** |
| Emergency contact details:  ☐ Next of Kin ☐ Carer |
| Full name: |
| Relationship: |
| Contact number: |
| Does Next of Kin live close by? |

|  |  |
| --- | --- |
| **Safeguarding Alerts - This section is mandatory** | |
| Are there any safeguarding concerns (reported or confirmed)? | |
| ☐ Yes \* | ☐ No |
| \*If yes, please make sure that the Enhance provider is aware of these concerns in the initial phone call prior to the referral being accepted | |

**Priority Status (non-urgent): When is this support ideally required (please tick)**

|  |  |
| --- | --- |
| Please give some indication as to how quickly the support is required and whether short or medium term? | |
| Within 2 days ☐  Within 7 days ☐ | Required for 3-6 weeks ☐  Required for 6 -12 weeks ☐ |

*The key to a successful partnership approach that leads to good outcomes for people is to have a person-centred conversation with the Enhance delivery partner to agree a wraparound package of care. Please initiate the referral on the telephone and follow up with the submission of this form.*

**What does the person require support with –please tick as many as applicable**

|  |  |
| --- | --- |
| **Support required with** | **Please tick** |
| Home Visits |  |
| Opportunities for social connections |  |
| Setting up services to manage health (repeat prescriptions, dosette boxes, key safes etc)\* |  |
| \*If yes, please provide pharmacy details: | |
| Ensuring that the home environment is safe and warm including; a safe and well referral to Fire service and welfare benefits check |  |
| Prompting Exercise |  |
| Self- management |  |
| Access to health appointments |  |
| Access to food |  |
| Referrals to other service eg dementia support |  |
| Other – Please describe … | |

|  |  |  |  |
| --- | --- | --- | --- |
| GP Name: | | | |
| GP Address: | | | |
| GP Phone Number | |  | |
| Please give details of any other professionals involved (eg Social Worker, Care Provider) | | | |
| Name | Role | | Contact details |
|  |  | |  |
|  |  | |  |
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|  |  | |  |

**Other details relevant to support request (e.g. relevant medications, other professional services involved, recent discharge from hospital and which one)**

|  |
| --- |
|  |

**Please email this form to the relevant provider as per list below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Neighbourhood Team**  ***(specific geographical focus in brackets where relevant)*** | **Enhance Provider Name** | **Email for referrals** | **Name and phone number** |
| **North Leeds** | | | |
| Chapeltown (Harehills) | Association of Blind Asians (ABA) | [info@abaleeds.org.uk](mailto:info@abaleeds.org.uk) | 0113 210 3347 - Chantelle |
| Chapeltown and Seacroft (Gipton & Harehills) | Action for Gipton Elderly (AGE) | [age.gipton@talktalk.net](mailto:age.gipton@talktalk.net) | 0113 2409784 - Karen Woloszczak |
| Wetherby | Age UK Leeds | [enhance@ageukleeds.org.uk](mailto:enhance@ageukleeds.org.uk) | 0113 3893006 -  Heather  Renwick or  Natalie Ormond |
| Chapeltown (Burmantofts) | Burmantofts Senior Action (BSA) | [info@bsaleeds.org.uk](mailto:info@bsaleeds.org.uk) | 0113 2489191 - Emma Upright |
| Seacroft | Crossgates & District Good Neighbours | [admin@crossgatesgns.org.uk](mailto:admin@crossgatesgns.org.uk) | 0113 2606565 - Marion Darlow |
| Chapeltown | Feel Good Factor | [beverley@fgfleeds.org](mailto:beverley@fgfleeds.org) | 0113 3504200 - Bev Lock |
| Chapeltown and Meanwood | Leeds Irish Health and Homes | [info@lihh.org.uk](mailto:info@lihh.org.uk) | 0113 2625614 - Sarah McBride |
| Meanwood | MoorAllerton Elderly Care (MAECare) | [info@maecare.org.uk](mailto:info@maecare.org.uk) | 0113 2660371 - Shabana Akhtar |
| Seacroft | Seacroft Friends | [info.seacroftfriends@gmail.com](mailto:info.seacroftfriends@gmail.com) | 0113 2323662 - Carol Lockwood |
| **South Leeds** | | | |
| Beeston, Middleton & Morley | Health For All | [enhance@healthforall.org.uk](mailto:enhance@healthforall.org.uk) | 07590182627  0113 2717231 - Balwinder Kaur |
| Kippax | NET Garforth | [info@netgarforth.org](mailto:info@netgarforth.org) | 0113 2784784 - Monica Walker |
| **West Leeds** | | | |
| Holt Park, Woodsley & Yeadon | Age UK Leeds | [enhance@ageukleeds.org.uk](mailto:enhance@ageukleeds.org.uk) | 0113 3893006 -  Heather  Renwick or  Natalie Ormond |
| Armley & Pudsey | Armley Helping Hands | michael.howard@armleyhelpinghands.org.uk | 0113 2799292 - Mick Howard |
| Holt Park | Older People Action in the Locality (OPAL) | [hattie@opal-project.org.uk](mailto:hattie@opal-project.org.uk) | 0113 2619103 - Hattie Easton |
| Covering all Neighbourhood Teams. | Care & Repair Leeds *Anyone referred to a delivery partner will also then be referred to Care &amp; Repair, for a full home*  *safety check, if appropriate.* | lee.stansfield@care-repair-Leeds.org.uk | 07365 828 050  Lee Stansfield |

**Feedback:**

If you have any feedback on using this form please **email** [**linda@opforum.org.uk**](mailto:linda@opforum.org.uk)

NTs please share **via your respective Neighbourhood Clinical Quality Lead (NCQL) or Clinical Pathway Lead (CPL)**