**FALLS PREVENTION SERVICE**

**SELF REFERRAL FORM**

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| Person Details Name: Address: D.O.B. Tel No (Home):GP Surgery: |
| **Are you currently involved with another service, e.g. Neighbourhood Team? If so please give details;** |
| **Do you consent to the Falls Prevention Service contacting your GP? Yes □ No □** |

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|  | **YES** | **NO** |
| **1.** | Have you fallen in the previous 12 months?Number of falls in past 12 months |  |  |
| **2.** | Do you have any near misses, i.e. near falls? |  |  |
| **3.** | Do you have a fear of falling? |  |  |
| **4.** | Do you have any problems with your balance? |  |  |
| **5.** | Are you on four or more different medications per day? |  |  |
| **6.** | Do you have a diagnosis of stroke or Parkinson’s disease? |  |  |
| **7.** | Do you suffer from dizziness? |  |  |
| **8.** | Do you suffer from blackouts or fainting? |  |  |

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| **Past Medical History:** **If you have a history of head injury, seizure or chest pain associated with a fall, or a recent injurious fall, blackout or unexplained fall please inform your GP.** |
| **Please send all completed forms to:** Falls Prevention ServiceLeominster Community HospitalSouth StreetLeominster HR6 8JH | **Tel No:** 01568 617309 **E-mail:** fallsreferrals@nhs.net**Website:** [www.wyevalley.nhs.uk](http://www.wyevalley.nhs.uk) (services > community services > falls) |
| **Please note we are a clinic based service and run a waiting list for appointments. If you are unable to access clinic or have urgent therapy needs please contact the Community Integrated Response Hub on 01432 808750.** |