| Falls Prevention Service referral form |
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| Referral details |
| Referral date: |
| Patient consent to referral? |
| Name of referrer: |
| Referrer designation: |
| Referrer address: |
| Referrer telephone number: |
| Patient details |
| Patient name: |
| Address: |
| Telephone number: |
| Mobile number: |
| NHS number: |
| Date of birth: |
| GP surgery: |
| Alerts (risk to staff?): |
| Next of kin: |
| Next of kin telephone number: |
| Is the patient able/appropriate to attend clinic?**Yes** or **No**If unable/not appropriate to attend clinic for appointments please consider referral to community teams. |
| Are there concerns with capacity/cognition?**Yes** or **No**Please provide details: |
| Rockwood frailty score: If Rockwood score 6 or more please consider referral to community teams. |
| Is the patient experiencing loss of consciousness, blackouts or needs a medical or medication review?**Yes** or **No**If Yes, please refer for medical review. |
| Reason for referral: |
| Aim of referral (goals): |
| Falls prevention strategies already in place: |
| Past medical history: |
| Social history: |
| Mobility:**Indoor mobility:****Outdoor mobility:** |
| Other services involved: Please select from the following options:* **District nursing:**
* **NHT:**
* **Neurophysio:**
* **Mental health service:**
* **Other:**
 |
| Is the patient able to accept a cancellation appointment at short notice?**Yes** or **No** |
| SEND all completed referrals securely to: Falls Prevention Service, Leominster Community Hospital, Leominster. HR6 8JHEmail: fallsreferrals@nhs.net Telephone: 01568 617309[Wye Valley NHS Trust website](https://www.wyevalley.nhs.uk/visitors-and-patients/county-hospital-%28acute%29/a-z-of-wards.aspx) (services, community services, falls) |

| Falls Prevention Service referral guide |
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| The Falls Prevention Service offers therapy led multifactorial falls risk assessment and intervention via clinics located in Hereford, Ross, Leominster, Bromyard, Ledbury and Kington. Home environment assessment is offered following initial clinic assessment.The service offers routine appointments and is not able to accept referrals needing urgent input. |
| Referral suggestions |
| * Risk factors for falls or injuries:
	+ Balance / strength / gait impairment
	+ General unsteadiness or holding onto furniture to move about the home
	+ Dizziness
	+ Low activity levels / deconditioning
	+ Osteoporosis / osteopenia
	+ Home environment risk factors
	+ Risk taking behaviour
* History of falls or near falls in the past year
* Fear or falling or loss of confidence limiting activities
* Difficulty getting up from the floor or coping in the event of a fall
* History of blackout / loss of consciousness / unexplained fall
	+ Please also refer for medical review
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| Referral criteria  |
| * Age 18 and over
* Requires a multifactorial falls risk assessment
* Able and appropriate to attend clinic for assessment:
	+ Those with Rockwood scores of 6 or more may be more appropriate for assessment within the home environment, please consider referral to community teams
* Able and willing to engage in assessment and active intervention, or carer / family support to aid engagement.
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| Patients not suitable |
| * Medically unstable
* Has capacity but unwilling to engage in assessment / intervention
* Requiring urgent intervention to reduce falls risks
* At risk of imminent hospitalisation due to falls or needing input to facilitate discharge from hospital
* Housebound, unable or not appropriate to attend clinic for initial assessment
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