

Bridges Support Service

Birmingham & Solihull CCG Referral Form

Telephone: 0121 612 2939

bridges.support@nhs.net

NHS No:		Date of referral (notify patient within 30 days)		Client I.D No:	
Patient First Name		Surname		Address	
Female	DOB	Mobile / Limited / None / Wheelchair user:		Disability:	
Ethnicity/Religion		First / Preferred language		Patients National Insurance No. Available? (If No, What is Legal Resident Status?)	
Telephone Number		Is the patient living alone?			
Carers Name	Carers DOB	Carers Address		Carers Telephone/Emergency No	
Patient's diagnosis/type of cancer?		Current and previous treatment? Other health problems			
		Palliative Care / Prognosis?			
GP's Name		GP's Address		GP's Telephone No.	
Is the patient aware of their diagnosis?		Consultants Name/s		Hospitals Providing Treatment	
Sexual Orientation		GSF / EoLC Register		Spirituality Discussed No Action Action	
What other services/people involved in the care of the patients, please list as appropriate. DN, CNS, Macmillan Nurse, H @ H, Social Services, OT, Home Loans, WR,					
Safe Access to Home			Any other relevant information i.e. family dynamics		
Preferred place of care			If appropriate preferred place of death		
Reasons for referral					

Name of referrer	Referral Source	Tel No.	Confirm-has patient given you consent to share details?
<i>Office Use: Date of First Telephone/Letter actioned:</i>		<i>Date of GP letter sent:</i>	

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Registered Charity: 1040170