

**Lanfine Service**

**Referral Form**

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| --- | --- |
| **Name:**  **Address:**    **Telephone:** | **DOB:** |
| CHI No: |
| **Gender:** |

PRESENTING CONDITION:

|  |  |
| --- | --- |
| **Diagnosis:** | **Date of Onset:** |
| **Relevant Medical History:** | |

**REASON FOR REFERRAL:**

BACKGROUND INFORMATION:

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CARE GIVER CONTACT:

|  |  |
| --- | --- |
| **Name:   Relationship to Service User:** | **GP Details:** |
| **Address:** | **Other key contacts:** |
| **Tel No.** |

**Other Agencies Currently/Recently Involved (name, role, contact details)**

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QUESTIONS:

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| Is the person aware of this referral? Y/N  Does the person consent to information sharing – carer or carer named overleaf. Y/N  Does the person consent to information sharing – other agencies involved. Y/N  Are there any spiritual, religious or cultural matters relevant to the provision of Service? Y/N  If yes please detail:  Is there any reason why a lone worker should not visit this household? Y/N  If yes, please detail:  Could this person attend an outpatient clinic? Y/N  Does this person require a translator? Y/N  If yes which language? |

REFERRER DETAILS:

|  |  |  |
| --- | --- | --- |
| Name of Referrer: | Designation: | Date of Referral: |
| Address: | | |
| Tel No: | | |
| Email: | | |

**If you would like to discuss a potential referral before sending it, please ring 0131 5379087**

**Please return completed form to: Pauline Zavaroni , Lanfine Team Administrator, East Pavilion, Astley Ainslie Hospital, Grange Loan, Edinburgh, EH9 2HL**

**or email to** [Lanfineservice@nhslothian.scot.nhs.uk](mailto:Lanfineservice@nhslothian.scot.nhs.uk)

**The Lanfine team meets weekly to review all new referrals.**