

HEREFORDSHIRE FALLS PREVENTION SERVICE REFERRAL FORM

Person Details / Label	Assessor Details
Name:	Print Name:
Address:	Designation:
	Organisation:
D.O.B.	Signature:
Hospital Number:	Date:
Tel No (Home):	Tel No:
GP:	Verbal consent gained for:
Surgery:	Referral to service? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Falls Prevention Service to contact GP? Yes <input type="checkbox"/> No <input type="checkbox"/>

Can this person be visited by a lone worker? Yes No If no, please give details;

Is this person currently known to another service, e.g. Neighbourhood team? If so please give details;

Please use Guidance Notes and Agreed Action Plan overleaf before completing this form

		YES	NO
1.	Is there a history of any fall in the previous year? Number of falls in past 12 months.....		
2.	Is the person on four or more different medications per day?		
3.	Does the person have a diagnosis of stroke or Parkinson's disease?		
4.	Does the person have any problems with their balance?		
5.	Is the person <u>unable</u> to stand up from a chair of knee height <u>without</u> pushing up with their arms and hands?		
6.	If the person has fallen, do they complain of loss of consciousness or blackouts? If Yes please refer to the Specialist Consultant via the person's GP.		

Past Medical History: Or alternatively attach a brief summary printout.

Social History:

10. If confident which aspect of the service the person requires please tick appropriate box below. If unsure please leave blank.

- Falls Prevention Physiotherapist
 Falls Prevention Occupational Therapist

Send all completed forms to:

Falls Prevention Service
 Leominster Community Hospital
 Leominster HR6 8JH
 Tel No: 01568 617309 Fax No: 01568 617306
 E-mail: fallsreferrals@nhs.net
 Website: www.wyevalley.nhs.uk
 (services > community services > falls)

Guidance notes to assist completion of the referral form

Consent: Mental Capacity:

- A person must be assumed to have capacity unless it is established that he/she lacks capacity.
- A person is not to be treated as unable to make a decision unless all practical steps to help them to do so have been taken without success.
- A person is not to be treated as unable to make a decision merely because they make an unwise decision.
- Anything done for or on behalf of a person who lacks mental capacity must be done in their best interests.
- Anything done for, or on behalf of, people without capacity should be the least restrictive of their basic rights and freedoms.

- 1. *How assessed?*** Ask the person/carer if they have fallen in the last twelve months and the number of falls in the last twelve months (please note the number of falls in the space provided).
If the person had 1 or more falls in the last twelve months, place a tick in the YES column.
- 2. *How assessed?*** Identify the number of different type of medications the person is taking per day.
(This includes prescribed and unprescribed medication)
If the person takes four or more different type of medications, place a tick in the YES column.
Please circle if any recent change in medication and please circle if there has not been a medication review.
Please insert which chemist/address that dispenses their medication in comments box.
- 3. *How assessed?*** Ask the person/carer if they have been diagnosed with a stroke or Parkinson's disease?
If yes, place a tick in the YES column.
- 4. *How assessed?*** Ask the person/carer if they feel unsteady when standing and/or whilst walking?
If yes, place a tick in the YES column.
Another way to find out if they have problems with their balance is to ask the person a question while the person is walking.
Keep walking while you do so. If the person stops walking immediately or as soon as they start to answer they are at higher risk of falling so place a tick in the YES column.
If there is a sway (i.e. the person raises their arms or takes another step to maintain balance) in standing, place a tick in the YES column.
- 5. *How assessed?*** Ask the person to stand up from a standard height chair (i.e. The seat is at knee height) **without using their arm** to assist to stand up?
If they are **unable** to stand up without using their arms to assist, place a tick in the YES column.

AGREED ACTION PLAN AND REFERRAL PROCESS:

Please send all referral forms with one or more yes responses to the Falls Prevention Service.

All people referred will be contacted by telephone or letter and written falls prevention information sent.

Persons referred to the service will be considered for a multifactorial falls assessment, and;

- If the person is on four or more medications, has HAD a recent change in medication and has NOT had a recent medication review please also refer to the person's GP.
- If there is a history of blackouts or unexplained falls, please also inform the person's GP to facilitate onwards referral to the Specialist Consultant.
- If there is a history of head injury, seizure or chest pain associated with a fall, or a recent injurious fall please also inform the person's GP.