Phone (01384) 321600 (Select 1 for Nursing)
Fax (01384) 321542
Email Communitynursing.spa@nhs.net
Line open 8am to 6pm 7 days a week.

The Dudley Group NHS
NHS Foundation Trust

Single Point of Access Referral Form

Patient Name		Referral Priority	
NHS No		☐ Urgent ☐ Non Urgent ☐ DNAR	
Affix patient Label		Admission Date	
		Discharge Date	
		Referred From	
		Referrers Name	
		Ward/Dept	
Home Tel No:		Contact No:	
Mobile No:		Start Date:	

Diagnosis/ Nursing summary

Reason For Referral/Treatment required

Medication

Does the patient require a district nurse to administer non-oral medication (e.g. injections)	**Yes** ☐	**No** ☐	**Route:**			
(T.T.O. sheet must be sent with this referral and sent home with the patient and signed by a doctor)						
If yes, what is the medication?		**When is 1st post discharge dose due?**	**Date**		**Time**	

Pressure Sores

Does the patient have a pressure sore?	**Yes** ☐	**No** ☐	**If yes**	**Stage**		**Location**		

Catheter

Catheter care bundle commenced ?	**Yes** ☐	**No** ☐	**(if yes please send home with pt's discharge letter)**	
Type of Catheter		**Size of Catheter**		**Date due**

Infection Control Status	**MRSA**	Yes ☐	No ☐	**Clostridium Difficile**	Yes ☐	No ☐	**Other**				

Activities of Daily Living

Self Caring	**Yes** ☐	**No** ☐	**Package of care**	**Yes** ☐	**No** ☐	**If Yes**	**OD** ☐	**BD** ☐	**TDS** ☐	**QDS** ☐	**Other**						

Mobility:	**Independent** ☐	**Frame/Stick** ☐	**Hoist** ☐	**Other**			
Skin integrity:		**Cognitive ability:**					
Continence:		**Diet & Fluids:**					

For SPA use only:	**Received By**	**Telephone** ☐	**Fax** ☐	**Email** ☐	**Date R'cd**	**Time R'cd**	
New Pt ☐	**Existing Pt** ☐	**Service Involved**					
Triaged by		**Treatment codes**					
Team passed to		**Time**		**Date**		**Passed on By**	