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| **NHS Medway Foundation Trust** **Rapid Access Clinics Elderly Care (RACE)** 1. For all administrative or booking confirmations please call 01634 833812
2. Alternatively you can contact us medwayft.race@nhs.net
 |
| **Date:**  |
| **Please complete all sections:** |  |
| **Patient Details:** |
| Patient name: |  |
| D.O.B: |  |
| Address: |  |
| Telephone No.: |  |
| Contact detail of NOK: |  |
| Mobility:  | Independent □ Walking aid □ Wheelchair □ Bed bound □ |
| Will patient need transport to clinic? Please give details. | YES □ NO □ |
| **GP Details:**  |
| Surgery Name & Address: |  |
| GP Contact number/ email address: |  |
| **Current services:** |
|  Does the patient have carers? |  YES □ NO □ |
|  Privately arranged □ Social services □ Family only □ |
| Details of frequency, type of help provided, contact details of care agency: |
| **Known to other services:** |
| Please state service patient known to:. | District Nurses □  | Community Cardiology □  | Community Falls □  |
| Community Physio □ | Palliative Care □ |  |
|  | Other Please state:  |
| **Details of frequency, nature of visit(s):** |
| **Clinic:** |
| I would like to refer the patient to: | Elderly Care RACE Clinic □ |
| Falls Clinic □ |  |
| Parkinson’s Clinic □ |
| Reason for Referral:  |  |  |
| **Refer Details:** |  |  |
| Name |  |  |
| Role / Team  |  |  |
| Contact Telephone & Email |  |  |

**Elderly Care Physician Use Only**

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| **Date:** | **Urgent** □ | **Routine** □ |
| **RACE Clinic** □ | **Falls Clinic** □ | **Parkinsons Clinic** □ |

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| **Comments:** |
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