**COMMUNITY CARE NAVIGATOR REFERRAL FORM***Covering South, Central and North Manchester and Trafford.*

*Please note: Care Navigation Team does not provide an urgent response to referrals.*

*Referrals may not be reviewed on the same day*

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| **Details of person being referred**  Name:  Preferred Name:  Pronouns:  DOB:  NHS Number:  Address:  Postcode:  Contact Number:  GP Practice:  **Details of alternative contact**  Name:  Relationship to Person:  Contact number: | **Their communication preferences**   * Prefers phone calls * Prefers letters * Prefers text messages * Prefers email   Interpreter Required: Y ▢ N ▢  If yes, language required:  *(Care Navigators will decide after the initial contact, whether a home visit is required.)*  Please provide any other relevant information regarding their preferences or communication ability. |
| **Safety Issues:**   * Firearms in property * Hoarding * Drug user/dealer * Regular/high alcohol intake * Dog(s) in property * Aggressive/unpredictable behaviours * Physical access to property * Lives alone * Other: (please specify) | **Have they been diagnosed with:**   * Dementia * Cancer * COPD * Diabetes * Long Covid * Anxiety/Depression * Hypertension * Fibromyalgia * Mental Heath conditions eg. Schizophrenia, Personality disorder * Other: (please specify) |

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| **Reason for Referral to Care Navigator**    The person needs help to access:   * Wellbeing services e.g. CGL, Expert Patient Programme, BeWell * Post Bereavement Support * Carer/relative support * Cleaning Services * Community Health eg: podiatry or dental * Finance/Benefits advice * Support to overcome food poverty * Social connections e.g. befriending, community groups, day centres. * Transport vouchers and passes * Housing support * Other (please specify) | **Referrer Details**  Name:  Job Title:  Organisation:  Email:  Tel Number:  Are you providing ongoing support for this person? Y ▢ N ▢  Does the person know that you are making this referral? Y ▢ N ▢ |
| **Please complete all sections of the form. Any incomplete referrals will be returned to the referrer.**  Please email the referral form to the Care Navigators via SPA: [mft.spa-uhsm@nhs.net](mailto:mft.spa-uhsm@nhs.net)  If you wish to speak to a care navigator about this referral, please contact SPA 0300 303 9650 and ask to speak to a duty care navigator. | |