**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.netIf 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. |