**mPOWER ESSENTIAL REFERRAL INFORMATION**

***(Provided by referrer)***

***Please return to*** [***Clinical\_mPower\_BiggartHospital@aapct.scot.nhs.uk***](mailto:Clinical_mPower_BiggartHospital@aapct.scot.nhs.uk)

**Risk(s) to lone worker? Yes  No **

**Name:\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Profession: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Team/Practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for Referral**

\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Long Term Conditions** | Total Number: |  |
| COPD | Heart Disease | Diabetes |
| Dementia | Asthma | Epilepsy |
| Arthritis | Hypertension | Frailty |
| Cancer | Other |  |
| **If other, please specify:** |  |  |
|  |  |  |

**Home address :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Post Code : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Lives Alone: Yes  No **

**No of Primary Care Attendances in last 12 Mths (if known) **

**Consent: **

**Emergency contact: \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Male Female**