**Referral Form to One Hackney Team**

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| Patient Name | NHS Number   |
| Address | DoB |
| Patient Telephone Number | Name and contact number of any key workers/usual teams involved |

|  |
| --- |
| Name of Referrer |
| Telephone |
| Fax |
| Email |

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| Patient’s GP Surgery Name and Address |
| Telephone Number  |
| Fax No |

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| **Reason for referral****Has the patient been informed that they have been referred to the Quadrant Care Co-ordinator?** **Are there any risk factors we should be aware of when visiting the patient at home?** |

**Please fax back to 0207 729 8303 or email to your Quadrant Care Co-ordinator WITH THE PATIENTS EMIS SUMMARY AND CARE PLAN.**

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| --- | --- | --- |
| Quadrant | Name | Contact |
| North East | Elina Marques | elina.marques@nhs.net |
| North West | Gareth Walsh | garethwalsh@nhs.net |
| South East | Sybil Omolabi  | sybil.omolabi@nhs.net |
| South West | Alexandra Williams | alexandra.williams7@nhs.net |