**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 |

|  |
| --- |
| 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.**

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