**The Post Discharge service is for:**

* **Residents in Brighton and Hove**
* **Within one month of discharge from a hospital/intermediate care facility**
* **Patients aged over 55** **years old**

 **If no to any of these criteria, do not complete the referral form please contact us to discuss.**

**Sorry we do not have the capacity to support patients who have complex mental health/substance misuse support needs. If unsure, please contact us to discuss.**

 **Please return the form to:** **HDS@possabilitypeople.org.uk** **01273 069 851**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Referrer****Name** |  | **Job Title** |  | **Team/Ward** |  |
| **Phone** |  | **Email** |  | **Date of referral** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Patient’s****name** |  | **Date of birth:** | **Email:** |  |
| **phone** **no(s)** |  | **NOK** **name** |  |
| **Address****& Postcode**   |  | **NOK** **phone** |  |
| **Is the patient home? Yes** [ ]  **No** [ ]  **Date discharge expected:** **Does this patient consent\* to the referral: Yes** [ ] **Patient or NOK consent is required.** **Is urgent intervention required Yes** [ ]  **No** [ ]  **(although we are not an emergency service, we will do our best to prioritise)** | **Any risk factors such as history of verbal or physical abuse, others sharing the home, pets,** **smoker, unsafe home environment, Covid etc:** |
|  |  |
| **We are able to support people to access the following: (Please choose all that apply)****Benefits and Debt advice** [ ]  **Shopping support** [ ]  **Domestic Help** [ ]  **Carer support** [ ] **Befriending** [ ]  **Social Engagement** [ ]  **Information and Advice** [ ]  **Care Co-ordination** [ ] **Mobility equipment** [ ]  **Support to get online** [ ]  **Community Transport** [ ]  **Wellbeing services** [ ] **Please let us know the reason for this referral:** |