**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**](mailto: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:** | | | | | |