

Community Equipment Nurse Specialist Service

Please complete all sections of this form and return to Community Equipment Nurse Specialist Service via fax; 0151 296 7764, email; CENS@liverpoolch.nhs.uk or by post to; Community Equipment Nurse Specialist team. Lifehouse, Brunswick Dock, Summers Road, Liverpool L3 4BL.

PLEASE SPECIFY THE FOLLOWING;

Specialist Assessment required

Review of Equipment Need Required

Name of Referrer		Phone number	
		Email	
Date of Referral		Job title	
		Base	
Patient Details			
Name		DOB	
NHS Number			
Address :			
Postcode:			
Telephone Number:			
Next of Kin Details:			
GP Name, Base and Phone No:			
Medical History and Current Clinical Concern:			
Equipment patient is currently using or has tried in the past:			
Referrer Signature			Date

Patient Name:
Reason for referral: please include grades and position of ulcers if present.
Equipment that requires review:
Date of last review and outcomes of this
Date next review is due:
Risks to patient/staff/carers
Any lone worker issues identified
Current situation; Stable <input type="checkbox"/> Changing <input type="checkbox"/> Rapidly deteriorating <input type="checkbox"/>
Is a joint visit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is an interpreter required YES <input type="checkbox"/> NO <input type="checkbox"/> What language?
This referral been discussed with and agreed by the patient <input type="checkbox"/>

Ethnicity of Patient.

Black or Black British

- African
- Caribbean
- Any other Black background

Chinese or Chinese British

- Chinese

Dual Heritage

- Asian and White
- Black African and White
- Black Caribbean and White
- Chinese and White
- Any other dual heritage background

Asian or Asian British

- Bangladeshi
- Indian
- Pakistani
- Any other Asian background

White

- British
- Irish
- Any other ethnicity (please describe) _____
- Do not want to disclose

Referrers Signature	Date
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