Personalised Care Programme Supporting People with Complex Needs

***This service is for adults aged 18 years and over registered with Ipswich and East Suffolk Alliance practices only.***

**Please use the S1 searches to identify suitable patients, obtain patient consent to refer to the Dedicated Triage Service and send the completed form to:**

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| --- | --- |
| **Shaw Trust on** | [Primarycare.personalisedcare@nhs.net](mailto:Primarycare.personalisedcare@nhs.net) |

|  |  |
| --- | --- |
| Patient Details | |
| Name: | Address: |
| D.O.B: | Postcode: |
| NHS No: | Telephone (day): |
| Ethnicity: | Mobile: |
| Gender: |  |
| Has the person consented to the referral?: Yes ☐ No ☐ | |
| Brief Reason for Referral: | |
|  | |
| Risk Factors: | |
| Are there any risk factors that the triage team or service provider need to be aware of when supporting this patient? | |
| Referrer Details: | |
| Name: | Practice: |
| Date of Referral: |  |
| Designation: | Telephone: |

**Please only refer patients identified as part of the Primary Care Personalised Care Programme to Support Patients with Complex Needs on this form. Thank you.**

Accessible Information Needs (AIS) *DXS add it to every form*