**Grapevine Community Respiratory Support Service - Referral form**

**Criteria:**

[ ] Adult aged 16 +

[ ] Living in City of Edinburgh Council local authority area or registered with Edinburgh GP.

[ ] Contact with City of Edinburgh Health and Social Care Practitioner.

[ ] Require information, advice and/or support on range of topics Grapevine covers (please select from list below).

1. **Date form filled in:**
2. **Name and contact details of person making the referral:**
3. **Contact details of person requiring information and advice**:

Name:

Date of birth/age:

Address:

Telephone:

Email:

Video call:

Preferred Method of contact:

1. **Background information and reason for referral:**
* **What is the primary reason for referral?**
* **Please specify any concerns and degree of urgency as required:**
* **What is the person’s level of engagement with services?**
* **What is the current level of support (from family, friends, other agencies etc)? Please specify if there is a main carer involved.**
* **What is the person’s current level of mobility? Please specify access issues as required.**
* **Risk Assessment (i.e. animals, co-habitation, access of property, challenging behaviour, whether a current smoker or not, other issues from TRAK)**:
* **Any other additional information:**

1. **Please highlight any specific requirements under topic headings below:**

[ ] Benefits

[ ] Community Care

[ ] Housing Advice

[ ] Transport and Travel

[ ] Employment

[ ] Equipment and Adaptations

[ ] Education

[ ] Leisure, social, holidays

[ ] Access issues

[ ] Personal and Health Issues

[ ]  Grants/trusts

[ ]  Post COVID Support

1. **Is the person you are referring aware that Grapevine service will be in touch?**

[ ] Yes [ ] No

**Please email the completed referral form to:** **loth.grapevine@nhslothian.scot.nhs.uk**