**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**](mailto:loth.grapevine@nhslothian.scot.nhs.uk)