



Ballinasloe Social Services Day Centre Referral
Brackernagh,
Ballinasloe



Phone: 090 9643217 **Fax:** 090 9645197

Client Name:	GP:	Location:
Lives alone: Yes <input type="checkbox"/> No <input type="checkbox"/>		Phone No:
Address:	P.H.N	Phone No:
Telephone No:	D.O.B	
Next of Kin:	Main Carer:	
Phone No. of next of Kin:	Phone No. of main carer:	

Relevant Medical History (Please include Doctor's Letter). _____

Current Medication _____

Any known allergies (Medication/ Foods): _____

Diabetic Yes ☐ No ☐

Warfarin Therapy Yes ☐ No ☐

History of falls _____

Does the client wander? Yes ☐ No ☐

Give details _____

Reason For Referral

Will client use own private transport? ☐ Bus transport required if covering that area? ☐

Currently receiving Meals on Wheels? ☐

General Condition		Mental State		Mobility		Continence		Transfer/Chair/Toilet	
Good	<input type="checkbox"/>	Alert	<input type="checkbox"/>	Independent	<input type="checkbox"/>	Full continence	<input type="checkbox"/>	Independent	
Fair	<input type="checkbox"/>	Confused	<input type="checkbox"/>	Slightly limited	<input type="checkbox"/>	Urinary Incontinence	<input type="checkbox"/>	Assist x 1 <input type="checkbox"/>	
Poor	<input type="checkbox"/>	Behaviour that challenges	<input type="checkbox"/>	Immobile	<input type="checkbox"/>	Double Incontinence	<input type="checkbox"/>	Assist x 2 <input type="checkbox"/>	
				<u>Aids</u>					
				Zimmer frame	<input type="checkbox"/>	All Products to be supplied by Client to Day Centre			
				Wheelchair	<input type="checkbox"/>				
				Stick	<input type="checkbox"/>				
Explain:		Details							

Reviewed by: O.T. Yes ☐ No ☐

Date: _____

Reviewed by: P.T. Yes ☐ No ☐

Date: _____

Reviewed by S.A.L.T		Yes <input type="checkbox"/> No <input type="checkbox"/>	Date: _____
<u>DIET</u>			
Normal		Special	
Swallowing difficulties		Consistency Fluids: Foods:	

Referred By: _____

Grade: _____

Date: _____

Office Use Only:

Referral Received By _____

Date: _____

Multidisciplinary Discussion _____

Date: _____

Outcome: Bus Availability _____

Trial Day: _____