

# Creating a Web Referral

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This portal is used to create a

## Demographics

Title

Forename \* RequiredSurname \* Required

Preferred First Name

Preferred Last Name

DOB \* Required

dd/mm/yyyy

Gender

NHS Number

Mosaic ID

Rio Number

Address

Postcode

Does the patient have a temporary address? \* Required 

Phone Number

Next of Kin Name

Address

Telephone number

Mobile number

Relationship / Legal status

Patient Current Location

The Patient Current Location field is MANDATORY

**Does the patient have a temporary address?**

No

Yes

**Street Address** \* Required

**Postcode** \* Required

**Patient Current Location**

The Patient Current Location  
field is MANDATORY.

Step 2

## GP Details

Registered GP Practice **\* Required**

Practice Code

Practice Address

Practice Telephone  
Number

Registered GP Practice **Required**

- Atlantic Medical Group - L82038
- Bodiggy Health Centre - L82036
- Bosvena Health - L82010
- Botreux Surgery - L82058
- Bradworthy Surgery - L83012
- Brannel Surgery - L82011
- Camelford Medical Centre (Dr Garrod) - L82618
- Camelford Medical Centre (Vear) - L82007
- Corn to Coast Health Centres - L82041

## Information

If unsure what referral type is required for your patients please refer to the Referral Types summary.

## Referral Information

### Referral Types

**Urgent Community Response (2 hour response):** Admission avoidance (available 8am-8pm) - This person needs a rapid community response within 2 hours to avoid acute hospital admission. The ITOCH will call the referrer back within 15 minutes regarding urgent action.

**Non Urgent/ Routine Community Response:** Routine, investigation, observation or treatment at place of residence - eg blood test, equipment, follow up or wound care. This is not urgent admission avoidance.


**Hospital Discharge:** This person needs to be discharged from any hospital setting eg. acute hospital, community hospital

**Adult Social Care Assessment:** To be used by a professional to request an Adult Social Care Assessment. This may include an urgent assessment, formal review, housing assessments or adaptations. By providing requested details, the ITOCH can decide the appropriate informal / formal assessment route.

**Carers Assessment:** To be used by a professional to request a carers assessment. By providing requested details, the ITOCH can decide the appropriate informal/ formal assessment route.

**Falls Assessment Referral:** For use by MIU/ UTC staff only for post falls follow up and intervention.

By using the drop down menu you can select the Referral therefore, must be completed.

What type of referral does the person require? 

Urgent Community Response (2 hour response)

Non Urgent / Routine Community Response

Hospital Discharge

Adult Social Care Assessment

Carers Assessment

Falls Assessment (MIU / UTC use only)

Dependent on which referral type selected, additional steps and fields may appear within the Referral request.

type, please note this is a mandatory field and

What type of referral does the person require?

Urgent Community Response ( X ▾

Reason for Referral - Details \* Required

Does the person have any communication needs?

YesNo

Are there any Safeguarding issues?

YesNo

Date consent obtained to share referral information with onward providers including voluntary sector organisations

dd/mm/yyyy

📅

dd/mm/yyyy

Consent Details



**Additional** fields may include Medical History

Step 4

## Medical History

Describe relevant health details including Past Medical History, Previous Admissions \* Required

Has the person had any recent falls?

Yes	No
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Describe memory or cognition functions. Dementia and Old Persons Mental Health review / Enhanced Care

Detail any advance decision or treatment escalation in place? \* Required

Is the individual end of life?

Yes	No
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Living Situation and Additional Information such as access, risks and challenging behaviours

Step 5

**Additional Information**

Describe access / arrangements to the persons accommodation including risks and other access details

Describe any staff safety concerns including any challenging behaviours and lone working

Comments

Please complete these additional fields as fully as possible.

This step is mandatory, please complete all required contact information.

Step 6

## Referrer Details

Name \* Required

Organisation \* Required

Role \* Required


Contact Number

\* Required

Email \* Required

Once all required fields have been completed, click on the submit button at the bottom of the screen. If the submit button is greyed out and a yellow warning triangle is visible this may be because all mandatory fields have not been completed.

SUBMIT

 Please complete all required information.

Online URL: <https://elearning.cornwall.nhs.uk/site/kb/article.php?id=333>