

**Transitional Discharge Team - Referral Form**

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| **Referral Date** |  |
| **Referring ward:** | **Name of referrer:** |
| **Name of Patient:** | **DOB:** |
| **RIO Number:** |
| **National Insurance Number:** |
| **Current address and Postcode:** |
| **Contact telephone number:** |
| **E-mail address:** |
| **Current professionals involved, eg, social worker, CPN:** |
| **Reason for referral: accommodation / benefits, current barrier to discharge:** |
| **Has patient consented to referral (Yes/No):**  |
| **TDT Use Only:****Referral accepted / declined****Date:** **Reason if declined:**  |

**Please return completed referral form to** – NORTHTDT@cntw.nhs.uk