| **Homeless Health COVID-19****Symptomatic referral for testing:** **Hotel or Hostel**  | NHS Patient Identifying Number (if known): Family name: Given name(s): Phone number:Current hotel or hostel name and address: Date of birth: Sex: [ ]  M [ ]  F [ ]  I |
| --- | --- |
| **Date:**  | **Referrer Name:**  | **Referrer contact detail:**  |
| This information is confidential and is provided for medical purposes  |
| **Accommodation**  | **Symptoms**  |
| Own room with own bathroom Own room sharing bathroom with less than 5 others Own room sharing bathroom with 5 or more others Shared room with less than five others Shared room with 5 -19 others Shared room with 20 or more others | [ ] [ ] [ ] [ ] [ ] [ ]  | HeadacheRunny NoseFever CoughShortness of BreathChest painMuscle acheJoint painFatigue ConfusionNausea/VomitingLoss of sense of smell or taste Sore Throat | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  |
| **Date of onset of symptoms: \_\_/\_\_/\_\_****Vaccination Status**[ ]  1st Vaccine dose [ ]  2nd Vaccine dose  |
| Current medications if known: |
| **Vulnerabilities: Tick any that apply that you know of:** |
| [ ]  age over 55 | [ ]  Pregnant | [ ]  Asthma | [ ]  COPD/bronchitis | [ ]  Chronic Heart Disease |
| [ ]  Diabetes  | [ ]  Epilepsy | [ ]  Chronic Kidney Disease | [ ]  Chronic Liver Disease | [ ]  Chronic Neurological Disease |
| [ ]  Splenic Dysfunction/removal | [ ]  HIV/AIDS | [ ]  Cancer Treatment | [ ]  Weakened Immune system | [ ]  Obesity (BMI >40) |
| Languages spoken:Interpreter needed: [ ]  Yes / [ ]  No Mental Health Issues / Addictions: |
| **Any additional behavioural risks, if yes please provide details:**Is the person exhibiting chaotic or uncontrolled behaviour due to unmanaged substance use or excessive alcohol use, at risk of violent behaviour, very high support needs? |
| **UPON COMPLETION PLEASE EMAIL TO:** **haltteam.cnwl@nhs.net** **(referrals triaged daily and will be followed up by a phone call)** |