

## Referral to Sensory Support Team

|  |     |    |
|--|-----|----|
| Name: *  |     |    |
| Address: *   |     |    |
| Telephone Number: *  |     |    |
| DOB: *   |     |    |
| Healthcare Number (if known):  |     |    |
| Hospital Number (if known):  |     |    |
| Is client aware of the referral: *<br>Person must be agreeable to the referral |     |    |
| Next of Kin / Contact Person Details: *<br>(Name / Address / Telephone Number) |     |    |
| Interrupter Required? *  | Yes | No |
| Communication Difficulties? *<br>If yes please give details                    |     |    |
| Referred By (Name / Job Title): *<br><br>Telephone Number: *                   |     |    |
| GP Name: *   |     |    |
| GP Surgery: *<br><br>Telephone Number: *                                       |     |    |
| Does the person live alone?*   |     |    |
| Is the person in receipt of  |     |    |

|  |  |
|--|--|
| any services? *<br>(Give details of services and staff involved) |  |
|--|--|

|   |  |
|---|--|
| Sight Information                       |  |
| Registration (Please circle / delete) * | Severely Sight Impaired / Sight Impaired / Not Certified |
| Diagnosis: *                            |  |
| Visual Acuities: *                      |  |
| Consultant:*                            |  |

|  |     |    |
|--|-----|----|
| Deaf Information                                 |     |    |
| Consultant / Audiology department Information: * |     |    |
| Hearing Aid User                                 | Yes | No |
|  |     |    |
| What Type / How Long? *                          |     |    |
| Degree of hearing loss? *                        |     |    |

|   |  |
|---|--|
| Referral Description – Please ensure this area is filled in         |  |
| Referral Description: Give specific details of presenting issues: * |  |
| This is important in determining the priority of the referral       |  |

\*Mandatory Fields – Referral may be returned if all mandatory fields are not completed

Email referrals to [sensory.cherrytrees@southerntrust.hscni.net](mailto:sensory.cherrytrees@southerntrust.hscni.net)