

To be completed for all admissions to hospital, including out patient appointments

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|---|--|
| Personal Details Full Name: Likes to be known as: D.O.B. Age: NHS Number (if known): | Care Home Name: Address: Tel no. Contact name: |
| Next of Kin Name: Address: Tel. no. Relationship Aware of transfer? yes <input type="checkbox"/> no <input type="checkbox"/> | G.P. Name: Address: Tel no. |
| Admission Date and reason for Admission: | Community Pharmacy Name: Tel no: |
| Other Information that will help us to care for your resident: Medical history (Please attach printed GP history/summary if available): | |
| Mobility / transfer issues (including any equipment sent with the resident): | Cognition / MMSE (including any behaviour management strategies): |
| Continence (including any appliances used): | Eating, drinking and nutrition (including a recent weight and any swallowing difficulties): |
| Tissue viability (including any skin care and wounds): | Communication (including speech, sight, hearing): |
| Medication | |

| | | |
|--|------------------------------|-----------------------------|
| Does resident have their medicines in an MDS? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If 'Yes' to the above, are the medicines all packed together or in individual blisters Please state: _____ | | |
| Medication sent with the resident? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <i>(All medicines should be sent including medicines in an MDS and e.g. inhalers, eye-drops, insulin , etc)</i> | | |
| Copy of MAR Chart sent (make sure they are legible and list all medicines including over the counter remedies and any creams with accurate directions)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| State number of MAR charts: _____ | | |
| Does the patient take any other medications periodically that aren't on the MAR chart e.g. vitamin b12 injections, antipsychotic depot injections... <i>If YES please state the drug, dose, strength, formulation and frequency and when it is next due:</i> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do district nurses administer any medicines for the resident? <i>If YES please state the drug</i> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Allergies/intolerances (including medicines): | | |
| Known or Suspected Infections | | |
| Please include details re any current known or suspected infections e.g. MRSA, <i>C.difficile</i> , Norovirus State location, treatment, date of last swab(s) / specimen and result if appropriate. | | |
| uDNACPR Form | | |
| Does the resident have a "unified Do Not Attempt CPR" (uDNACPR) form or a Child & Young Persons Advanced Care Planning Document (ACP)? (for under 18 year olds) Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| <i>If YES – ensure it is sent with the resident</i> | | |
| Other Information | | |
| If the resident has a Learning Disability they should have a Health Action Plan and complete a Hospital Passport– <i>ensure both are sent with the resident</i> <u>For further information about the Health Action Plan and Hospital Passport please contact the Learning Disability Teams: Oxford City: 01865 323357; South: 01865 897974; North: 01295 257727</u> | | |
| If the resident is on a Gold Standards Framework Register, an Integrated Care Pathway or has an Advanced Care Plan – <i>ensure a copy is sent with the resident</i> | | |
| Assessment Completion | | |
| <ul style="list-style-type: none"> The named Resident or their Representative is aware that this information about them is being shared with the Hospital Care Team. yes <input type="checkbox"/> no <input type="checkbox"/> The named Resident or their Representative is aware that they can be provided with a copy of the information transferred if they want it. yes <input type="checkbox"/> no <input type="checkbox"/> | | |
| Staff Member completing form Date | | |
| Please tick to confirm that your resident/ their representative has been made aware that information about them will be shared in confidence with appropriate healthcare professionals in order to support their care and in line with the NHS Code of Practice on confidentiality published by The Department of Health. <input type="checkbox"/> | | |