**Please complete all parts of this form and return to:**

**Learning Disability Accessible Clinic**

Email – [admin.ldnorth@nchc.nhs.uk](mailto:admin.ldnorth@nchc.nhs.uk)

Subject – LD vaccination clinic

**Questions in Red are mandatory. Not completing could delay or prevent acceptance of referral**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient Details** | | | | | | | | | |
| First Name |  | | | | | | Surname |  | |
| Address |  | | | | | | Date of Birth |  | |
| NHS Number |  | |
| Ethnicity |  | |
| Postcode |  | | | | | | Who determined this? | | |
| Telephone |  | | | | | | Gender |  | |
| Is patient on the GPs LD register? | | | | Y  N | | | Date of latest annual health check | |  |
| COVID-19 vaccination status: | | | | | | | | | |
| 1st injection | | Yes / No | | Date: | | | | | |
| 2nd injection | | Yes / No | | Date: | | | | | |
| Status Unknown | | |  | |  |  | | | |
| The patient needs an  interpreter (Language:       )  Lipspeaker  BSL interpreter | | | | | | | | | |

|  |  |
| --- | --- |
| **Consent** | |
| Has the service user consented to this referral? | Yes  No |
| If consent has not been given, please explain why: | |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Referrer Details** | | | |
| Name |  | Telephone |  |
| Address |  | Relationship to client: | |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **GP Details** | | | |
| Name |  | Telephone |  |
| Address |  | | |

|  |
| --- |
| **Referral Information** |
| Please state principal carers/agency supporting the service user and details of who will be supporting access to vaccine clinic (please include contact details): |
|  |
| List of allergies: |
| History of anaphylaxis or unexplained anaphylaxis: |
| List of other diagnosis or heath conditions: |
| List of all medication (please make clear any anti-coagulants or blood thinners): |
|  |
| Evidence of any current or past risks to self, others or property: |
|  |
| **Reason for referral:**  **Please note**: It is important to mention any known risks to service user or others, known needle phobia, communication needs, any reasonable adjustments required: |
|  |