

Liverpool Community Health Manual Handling Referral Form

Fax – 0151 296 7749 Email - manual.handling@liverpoolch.nhs.uk

Client Name		DOB	
Client Address		Postcode	
GP name and address		NHS number	
Client Telephone Number		Alternate contact details	
Has client given consent for referral		Date of referral	
What is the medical history or presenting condition/s	<i>Give details</i>		
Are there any pressure ulcers?	<i>Position and grade</i>		
Height		Weight	
Why do you want this assessment? Describe the difficulties and the activities that you are concerned about - these MUST be situations when 1 or more person/s is physically assisting another person to move Please give details of any carers	Please describe the risks or difficulties - give as much information as possible		
What advice have you given (if any) to reduce risk already?	<i>Give details</i>		
What equipment is in situ and is it safe to use? <i>If no give details</i>	<i>Equipment</i>		Safe to use
			Yes / No
			Yes / No
			Yes / No
			Yes / No
Referrers signature		Date	

Service User Name		DOB	
Is a Joint visit required?	Yes / No – who with?		
Is this situation - stable / deteriorating slowly / deteriorating rapidly / Improving <i>Give details</i>			
<i>Has anyone been hurt as a result of manual handling recently? Give details</i>			
Are there any issues that would lead a lone worker to feel vulnerable?	<i>Give details</i>		
<i>Is there any other information you feel would be useful for the team to have</i>			
<i>Is an interpreter required if yes – which language?</i>			

Referrers Details

Name		Organisation	
Job title		Address	
Telephone		Mobile no	
Fax no		Email	

Ethnicity of Patient.

Black or Black British

- African
- Caribbean
- Any other Black background

Chinese or Chinese British

- Chinese

Dual Heritage

- Asian and White
- Black African and White
- Black Caribbean and White
- Chinese and White
- Any other dual heritage background

Asian or Asian British

- Bangladeshi
- Indian
- Pakistani
- Any other Asian background

White

- British
- Irish
- Any other ethnicity (please describe) _____
- Do not want to disclose

Referrers Signature	Date
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All sections MUST be Completed in sufficient detail or the form will be returned