

The Sussex Beacon Inpatient Referral Form

Please complete and e-mail to referrals@sussexbeacon.org.uk

PLEASE SEND COPIES OF RECENT CLINICAL CORRESPONDENCE BY FAX to 01273 819151



CLIENT DETAILS

Has patient used Sussex Beacon services in the past?		Yes	No
Surname:	Male Female	Age:	Client consent to contact: Yes No
First Name:	Date of Birth: dd/mm/yyyy	Is GP aware of referral? Yes No	
Address:		Has Client been referred previously? Yes No	
Post Code:		Contact Tel:	
Marital Status:		Nationality:	

NEXT OF KIN DETAILS

Name:	Address:
Tel:	Mobile:
Relationship:	Aware of Status? Yes No

GP DETAILS

Name:	Address:
Tel:	Fax:
	Aware of Status? Yes No

HIV CONSULTANT DETAILS

Name:	Address:
Tel:	Fax:

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REFERRER DETAILS	
Name:	Address:
Tel:	Email:
Position held:	Referral Date:
CLINIC DETAILS	
Name:	Address:
Tel:	

Has additional medical summary been provided?	
Yes No	

OTHER HEALTH PROFESSIONALS INVOLVED IN CARE		
Name:	Position/Role:	Contact No.:

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THIS INFORMATION IS CONSIDERED PRIVATE & CONFIDENTIAL

TYPE OF CARE REQUIRED

Adherence/Treatment Support	Low Dependency Respite
Detox + HIV	Medical Convalescence
HIV/Hepatitis Support	Monitoring/Maintenance of Health
High Dependency Respite	Palliative / End of Life Care
HIV Related Acquired Brain Injury (ABI) Care	Rehabilitation

BRIEF HISTORY OF DIAGNOSIS

Date diagnosed with HIV:			
Latest HIV Results:	CD4:	%:	V/L:
Currently on ARVs:	Yes	No	
If Yes please state which ARVs:			

CURRENT HEALTH ISSUES (Including Psychological, Social or Spiritual)

1.	4.
2.	5.
3.	6.
Does Client Smoke? Yes No	

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PLEASE LIST CURRENT MEDICATIONS

	Cont.
Does client self-administer medications? Yes No	Who supplies medications?
Does client use: Dosett Box Blister Packs	

ALCOHOL AND DRUGS POLICY

Has the client used non-prescribed drugs in the past 12 months? Yes No	If Yes please elaborate:
Do you or the client anticipate any problems adhering to The Sussex Beacon No Drugs policy?	Yes No
Do you or the client anticipate any problems adhering to The Sussex Beacon No Alcohol policy?	Yes No
Would the client be willing to attend a pre-admission assessment if required?	Yes No

FUNDING

Has Funding been confirmed? Yes No	How long for?
By Whom:	Contact Details: