| **Homeless Health COVID-19**  **Symptomatic referral for testing:**  **Hotel or Hostel** | | | | NHS Patient Identifying Number (if known):  Family name:  Given name(s):  Phone number:  Current hotel or hostel name and address:  Date of birth: Sex:  M  F  I | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** | **Referrer Name:** | | | | | | | **Referrer contact detail:** | | |
| This information is confidential and is provided for medical purposes | | | | | | | | | | |
| **Accommodation** | | | | | | **Symptoms** | | | | |
| Own room with own bathroom  Own room sharing bathroom with less than 5 others Own room sharing bathroom with 5 or more others Shared room with less than five others  Shared room with 5 -19 others  Shared room with 20 or more others | | | | |  | Headache  Runny Nose  Fever  Cough  Shortness of Breath  Chest pain  Muscle ache  Joint pain  Fatigue  Confusion  Nausea/Vomiting  Loss of sense of smell or taste  Sore Throat | | | |  |
| **Date of onset of symptoms: \_\_/\_\_/\_\_**  **Vaccination Status**  1st Vaccine dose  2nd Vaccine dose | | | | | | | | | | |
| Current medications if known: | | | | | | | | | | |
| **Vulnerabilities: Tick any that apply that you know of:** | | | | | | | | | | |
| age over 55 | | Pregnant | Asthma | | | | COPD/bronchitis | | Chronic Heart Disease | |
| Diabetes | | Epilepsy | Chronic Kidney Disease | | | | Chronic Liver Disease | | Chronic Neurological Disease | |
| Splenic Dysfunction/removal | | HIV/AIDS | Cancer Treatment | | | | Weakened Immune system | | Obesity (BMI >40) | |
| Languages spoken:  Interpreter needed:  Yes /  No  Mental Health Issues / Addictions: | | | | | | | | | | |
| **Any additional behavioural risks, if yes please provide details:**  Is the person exhibiting chaotic or uncontrolled behaviour due to unmanaged substance use or excessive alcohol use, at risk of violent behaviour, very high support needs? | | | | | | | | | | |
| **UPON COMPLETION PLEASE EMAIL TO:** [**haltteam.cnwl@nhs.net**](mailto:haltteam.cnwl@nhs.net) **(referrals triaged daily and will be followed up by a phone call)** | | | | | | | | | | |