**Exclusion Criteria**

The referral is not appropriate for the Falls Physiotherapy Service if:

**Falls Physiotherapy Service**

* Falls are solely due to a medical condition which requires management
* Falls are due to a lack of appropriate equipment or an environmental issue (these patients need to be referred to community OT or community physiotherapy through OneCall on 0845 6024064)
* The patient has significant/severe memory problems or dementia which will impair their ability to engage

Please send your form to the **Falls Physiotherapy Service, Beeden House, Bedford Hospital NHS Trust, Kempston Road, MK42 9DJ** or Fax us on **01234 795855**

The Falls Physiotherapy Service aims to provide appropriate assessment and intervention to identify an individual’s risk factors for falling. This service also aims to assist them in their recovery from a fall, promote independence and reduce the risk of further falls occurring in the future. This will involve strength and balance training, education and onward referral to other services as necessary.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | Date of Birth: |  | |
| NHS Number: |  | | Hospital Number: |  | |
| Address: |  | | Telephone Number: |  | |
| GP Name: |  | |
| Postcode: |  | | GP Surgery: |  | |
| Reason for referral: | |  | Frequency of falls: |  | |
| Diagnosed or suspected reason for falls: | |  | Management or treatment for falls/poor balance: |  | |
| Is the patient:   * Over the age of 65 and medically stable * Having walking/balance difficulties and has a history of a fall or repeated falls in the past 12 months * Very concerned/frightened about falling and losing their confidence * Able to stand and walk independently * Able to participate in exercise * Willing to participate and have the ability to practice | | | | |  |
| If you feel a referral is necessary but the patient does not meet the criteria or you have any questions please telephone the Falls Team on **01234 795854**. | | | | | |
| Recent hospital admission | | Y/N (if yes, please specify):  Reason for admission:  Length of stay and discharge date:  Brief detail including any relevant interventions/surgery | | | |
| Relevant medical or social history: | |  | | | |
| Referrer Name: | |  | Contact Telephone Number: |  | |
| Referrer Designation: | |  | Date: |  | |



**Falls Physiotherapy Referral form**

This referral form is to be used by healthcare professionals, family members/carers or

the patient themselves to make a referral to the Falls Physiotherapy Service. Please post to Falls Physiotherapy Service, Beeden House, Bedford Hospital NHS Trust, Kempston Road, Bedford MK42 9DJ or Fax on 01234 795855