



mPOWER REFERRAL INFORMATION

Please forward the following referral to: Gráinne Timon, Community Navigator, St. Patrick's Community Hospital, Summerhill, Carrick-on-Shannon, Co. Leitrim.

Name: _____

Male **Female**

Date of birth: _____

Home address: _____

EirCode: _____ **Lives Alone: Yes** **No**

Home Telephone: _____ **Mobile Telephone:** _____

Emergency contact: _____ **Telephone Number:** _____

Consent received from service user for referral? Yes **No**

(If no, please state why?) _____

Risk(s) to lone worker? Yes **No** **Details:** _____

No of Primary Care Attendances in last 12 Mths (if known) _____

Long Term Conditions:

COPD
Dementia
Arthritis
Cancer

Total Number: _____

Heart Disease
Asthma
Hypertension
Other

Diabetes
Epilepsy
Frailty

If other, please specify: _____

Reason for Referral

Referred by: _____ **Profession:** _____

Team/Practice: _____

Contact Number: _____ **Email:** _____