**HOMELESS ASSESSMENT TOOL**

This is an adjunct to the clerking proforma, designed as an opportunistic prompt to ensure we are delivering the best care for our homeless patients.

LOCAL LOGO

**Homeless Team:** \_\_\_\_\_\_\_\_\_\_\_\_ **Drug & Alcohol Team:** \_\_\_\_\_\_\_\_\_\_\_\_ **Mental Health Liaison: \_\_\_\_\_\_\_\_\_\_\_\_\_ Safeguarding Team:** \_\_\_\_\_\_ **Social Work:** \_\_\_\_\_\_ **Housing Officer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**P3 Hospital In-Reach Navigator:** \_\_\_\_\_\_\_\_ **Emergency Duty Team OOH:** \_\_\_\_\_\_\_ **P3 Housing Support:** \_\_\_\_\_\_\_\_\_\_\_

**ADMISSION CHECKLIST**

|  |  |  |
| --- | --- | --- |
| **HISTORY** | 🗹/🗷 | **COMMENTS** |
| Place of sleep / Safe place | 🞎 |   |
| Partner / Children / NOK / Pets | 🞎 |  |
| Contacts / Organisations / Case Workers / Support involved | 🞎 |  |
| Alcohol, drugs & replacement | 🞎 |  |
| Sexual health | 🞎 |  |
| MMSE / Capacity / Cognition assessed | 🞎 |  |
| Mental health  | 🞎 |  |
| Past suicide attempt or overdose | 🞎 |  |
| Safeguarding: neglect, risk from others | 🞎 |  |
| Trafficking / Slavery | 🞎 |  |
| If patient wants to self-discharge: explore needs, reasons & risk  | 🞎 |  |
| Follow-up required if self-discharges | 🞎 |  |

|  |  |  |
| --- | --- | --- |
| **EXAMINATION** | 🗹/🗷 | **COMMENTS** |
| Neurology, head injuries & gait | 🞎 |  |
| Mouth & dentition | 🞎 |  |
| Head, neck & lymph nodes | 🞎 |  |
| Skin, feet & injection sites | 🞎 |  |
| Peripheral vascular exam | 🞎 |  |
| Nutritional status | 🞎 |  |

|  |  |  |
| --- | --- | --- |
| **TESTS & TREATMENT** | 🗹/🗷 | **COMMENTS** |
| Frequent attender / Management plan | 🞎 |  |
| BBV (HIV, hep B&C) | 🞎 |  |
| Sexual health screen & β-hCG | 🞎 |   |
| CXR & TB  | 🞎 |  |
| Pain, nicotine, drug replacement & withdrawal (CIWAS, COWS) | 🞎 |  |
| Vaccinations (including flu) | 🞎 |  |
| Supplements & risk of refeeding | 🞎 |  |

|  |  |  |
| --- | --- | --- |
| **REFERRALS TO MAKE** | 🗹/🗷 | **COMMENTS** |
| Homeless Team / Housing Officer  | 🞎 |  |
| Mental Health Liaison | 🞎 |  |
| Drug & Alcohol Team  | 🞎 |  |
| Safeguarding Team / Social Work | 🞎 |  |
| Dietitian  | 🞎 |  |
| Tissue Viability  | 🞎 |  |
| Vascular | 🞎 |  |
| Dentist / Max Fax | 🞎 |  |
| Chronic Pain Team | 🞎 |  |
| Already known to a specialty  | 🞎 |  |

**Drug & Alcohol Community Team:** \_\_\_\_\_\_\_\_\_\_\_\_ **Community Mental Health Services:** \_\_\_\_\_\_\_\_\_\_ **Social Work:** \_\_\_\_\_\_\_

I**ndependent Domestic Abuse Advisors:** \_\_\_\_\_\_\_\_\_ **Local** **Homeless Health Centre:** \_\_\_\_\_\_\_\_\_\_\_ **One Stop Shop:** \_\_\_\_\_\_

**Sexual Health:** \_\_\_\_\_ **Vulnerable Women’s Team**: \_\_\_\_\_ **Dental Access Centres:** \_\_\_\_\_\_ **P3 Housing Support**: \_\_\_\_\_\_\_

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**DISCHARGE CHECKLIST**

|  |  |  |
| --- | --- | --- |
| **DISCHARGE PLANNING** | 🗹/🗷 | **COMMENTS** |
| Duty to Refer form | 🞎 |  |
| Safeguarding referral | 🞎 |  |
| Discharge destination | 🞎 |  |
| Patient contact number | 🞎 |  |
| Partner / Children / NOK / Pets | 🞎 |  |
| Discharge summary & TTO | 🞎 |  |
| Name of registered GP | 🞎 |  |
| If no GP, discharge info to Homeless Healthcare Team | 🞎 |  |
| Outstanding test results | 🞎 |  |
| Homeless Team | 🞎 |  |
| Drug & Alcohol Team | 🞎 |  |
| Outreach Team or equivalent | 🞎 |  |
| Additional support & care | 🞎 |  |

|  |  |  |
| --- | --- | --- |
| **ADDITIONAL SUPPORT** | 🗹/🗷 | **COMMENTS** |
| Medication reconciliation  | 🞎 |  |
| Medication concordance | 🞎 |  |
| Medication support needed | 🞎 |  |
| Methadone  | 🞎 |  |
| Narcan, needles & sharps box | 🞎 |  |
| Contraception | 🞎 |  |
| Pain management | 🞎 |  |
| Clothes, toiletries & diet | 🞎 |  |
| Transport / Tickets to travel | 🞎 |  |
| Homeless leaflet given | 🞎 |  |

|  |  |  |
| --- | --- | --- |
| **ONGOING CARE & FOLLOW-UP**  | 🗹/🗷 | **COMMENTS** |
| Homeless Team / Housing Officer | 🞎 |  |
| GP/Homeless Healthcare Team | 🞎 |  |
| Drug & Alcohol Team  | 🞎 |  |
| Mental Health Services | 🞎 |  |
| Social Work | 🞎 |  |
| Dietitian  | 🞎 |  |
| Tissue Viability  | 🞎 |  |
| Vascular | 🞎 |  |
| Dentist / Max Fax | 🞎 |  |
| Chronic Pain Team | 🞎 |  |
| Already known to a specialty  | 🞎 |  |
| Additional follow-up | 🞎 |  |

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